

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15396

1. Entity Name

VERO SWEETWATER, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90020 035 \*\*\*150.00

Principal Place of Business

Mailing Address

OAKLAND RD.  
FL 33870

5301 OAKLAND RD.  
SEBRING FL 33870-5680

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2453443

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCOTT, J. CLINTON  
1460 36TH ST.  
VERO BEACH FL 32960

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000-Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	FISCHAM, CHARLES M.,M.D.	1500 36TH ST., STE B	VERO BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	HILL, JOSEPH M.D.	2300 5TH AVENUE	VERO BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	KAHN, MARVIN	5301 OAKLAND RD.	SEBRING FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	SCOTT, CLINTON J.	1460 36TH ST.	VERO BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	SOWELL, BROADUS M.D	1820 43RD AVE.	VERO BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles M. Fischam, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/14/00*  
Date

Daytime Phone #

CR2E034 (9/99)