

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81086

1. Entity Name

ROBERT S. GLAZER, PH.D., P.A.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90071 029 \*\*\*150.00

Principal Place of Business      Mailing Address  
19802 OLD BELLAMY RD.  
ALACHUA FL 32615  
US      19802 OLD BELLAMY RD.  
ALACHUA FL 32615-3867  
US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2593550**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLAZER, ROBERT S.  
19802 OLD BELLAMY ROAD  
ALACHUA FL 32615

Name

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

City

**FL**

Zip Code

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | DP                   | <input type="checkbox"/> Delete |
| NAME           | GLAZER, ROBERT S.    |                                 |
| STREET ADDRESS | 19802 OLD BELLAMY RD |                                 |
| CITY-ST-ZIP    | ALACHUA FL 32615     |                                 |
| TITLE          | S                    | <input type="checkbox"/> Delete |
| NAME           | HOTT, BETH           |                                 |
| STREET ADDRESS | 14827 NW 188TH PLACE |                                 |
| CITY-ST-ZIP    | ALACHUA FL 32615     |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |  |
|----------------|----------------------|--|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | S                    | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           | Cirett, Susan        |  |
| STREET ADDRESS | 19802 Old Bellamy Rd |  |
| CITY-ST-ZIP    | Alachua, FL 32615    |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Robert S. Glazer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

Date

Daytime Phone #