

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
 01-31-2001 90053 011 \*\*\*150.00

**DOCUMENT # H86153**

1. Entity Name

DAVID EARLE MAYHEW, M.D., P.A.

Principal Place of Business

14499 N DALE MABRY HWY  
 SUITE 200  
 TAMPA FL 33618  
 US

Mailing Address

14499 N. DALE MABRY HWY.  
 SUITE 200  
 TAMPA FL 33618  
 US

2. Principal Place of Business

13739 CHESTERSALL DR  
 Suite, Apt. #, etc.

3. Mailing Address

13739 CHESTERSALL DR  
 Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-2612012

Applied For

Not Applicable

Zip

33624

Country

Zip

33624

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MAYHEW, DAVID EARLE  
 14499 N. DALE MABRY HWY  
 SUITE 200  
 TAMPA FL 33618

7. Name and Address of New Registered Agent

Name: DAVID EARLE MAYHEW  
 Street Address (P.O. Box Number is Not Acceptable): 13739 CHESTERSALL DR  
 City: TAMPA FL Zip Code: 33624

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

David E. Mayhew

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/2001

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DP MAYHEW, DAVID EARLE, MD 14499 N DALE MABRY HWY, STE 200 TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	13739 CHESTERSALL DR TAMPA FL 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 life empowered.

SIGNATURE:

David E Mayhew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E MAYHEW

PRESIDENT

Date

Daytime Phone #

1/23/2001 813-264-1300

CR2E034 (10/00)