

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98999

1. Entity Name

OKALOOSA-WALTON UROLOGY, PA

**FILED**  
**Mar 10, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90022 027 \*\*\*150.00

Principal Place of Business

Mailing Address

% THOMAS D. ZACHOS  
131 REDSTONE AVENUE, SUITE #102  
CRESTVIEW FL 32536

% THOMAS D. ZACHOS  
131 REDSTONE AVENUE, SUITE #102  
CRESTVIEW FL 32539-5355



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P O BOX 1147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CRESTVIEW, FLORIDA

4. FEI Number 63-0782463

Applied For

Not Applicable

Zip

Country

Zip

Country

32536

USA

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

ZACHOS, THOMAS D., M.D.  
173 BEACH DR.  
NICEVILLE FL 32578

Name THOMAS D. ZACHOS, M.D.

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

4154 BEACH DRIVE

City NICEVILLE

FL

Zip Code

32578

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	DP	<input type="checkbox"/> Delete
NAME	ZACHOS, THOMAS D., M.D.	
STREET ADDRESS	4154 BEACH DRIVE	
CITY-ST-ZIP	NICEVILLE FL	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TED D. CHUNG M.D.	
STREET ADDRESS	169 ELDREDGE ROAD	
CITY-ST-ZIP	FORT WALTON BEACH, FLORIDA 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/00  
Date

(850)682-6333  
Daytime Phone #

CR2E034 (9/99)