

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90003 003 ***150.00

DOCUMENT # J01333

1. Entity Name

NORTH SEMINOLE FAMILY PRACTICE ASSOCIATES, P.A.

(Handwritten initials)

Principal Place of Business

**2209 FRENCH AVENUE
SANFORD FL 32771**

Mailing Address

**2209 FRENCH AVENUE
SANFORD FL 32771**



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 **59-2634830**

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

**QUINN, JAMES E.
2209 FRENCH AVENUE
SANFORD FL**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

**PTD
QUINN, JAMES E.
2209 FRENCH AVENUE
SANFORD FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/01

Date

407-321-4230

Daytime Phone #

Attachment - J01333

James E. Quinn, M.D.
Harvey W. Schefsky, M.D.
2209 French Avenue
Sanford, Florida 32771
(407)321-4230

80060598

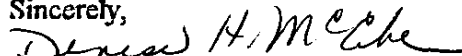
July 17, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern,

Enclosed is the signed 2001 Uniform Business Report for North Seminole Family Practice along with a check in the amount of \$150.00 for same. I am writing to inform you that this is the first notification that was received. I understand that this report and fee was originally due in May 2001. I am the Office Manager for 3 different corporations that receive mail at 3 different addresses in Florida and in all 3 cases I received this second notice but never received the first notification due in May. Perhaps there was a mailing problem with the 2001 UBR's from the Department of State? Upon receipt of these reports I called the Department of State and spoke with Carol. She suggested I send the original fee of \$150.00 along with this letter. I would appreciate it if you would accept the \$150.00 payment as payment in full on the annual fee. If you have any questions regarding this matter, please feel free to contact me at 407-321-4230.

Sincerely,



Denise H. McCabe
Office Manager