

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90463 018 \*\*\*150.00

**DOCUMENT # J14316**

**1. Entity Name**

**CHARLES F. BARTHOLMEY, M.D., P.A.**

**Principal Place of Business**

**% CHARLES F. BARTHOLMEY  
 1910 WEST REYNOLDS STREET  
 PLANT CITY FL 33567**

**Mailing Address**

**% CHARLES F. BARTHOLMEY  
 1910 WEST REYNOLDS STREET  
 PLANT CITY FL 33567**

**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 59-2675492**

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**

**BARTHOLMEY, CHARLES F.  
 1910 WEST REYNOLDS STREET  
 PLANT CITY FL 33566**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **DP BARTHOLMEY, CHARLES F.**  
 STREET ADDRESS **1910 WEST REYNOLDS ST.**  
 CITY-ST-ZIP **PLANT CITY FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD BARTHOLMEY, JOANN M.**  
 STREET ADDRESS **1910 WEST REYNOLDS ST**  
 CITY-ST-ZIP **PLANT-CITY-FL**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

Change  Addition  
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Change  Addition  
 TITLE  
 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:** CHARLES F. BARTHOLMEY, M.D.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2001 813 752-3191  
 Date Daytime Phone #

CR2E034 (10/00)