

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90119 049 \*\*\*150.00

DOCUMENT # J50735

1. Entity Name

JACK E. YOUNG, M.D., P.A.

Principal Place of Business

632 GEORGETOWN DR., APT C  
CASSELBERRY FL 32707  
US

Mailing Address

632 GEORGETOWN DR., APT C  
CASSELBERRY FL 32757-3645  
US

2. Principal Place of Business

2260 W Old Hwy. 441

Suite, Apt. #, etc.

MOUNT DORA, FL

City & State

3. Mailing Address

2260 W Old Hwy 441

Suite, Apt. #, etc.

MOUNT DORA, FL

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2753397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, JACK E  
632 GEORGETOWN DR., APT C  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

YOUNG, JACK E.

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

2260 W Old Hwy 441

MOUNT DORA, FL

City

FL

Zip Code

32757

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

*Jack E Young*  
Signature, typed or printed name of registered agent and title, if applicable (NOT a Registered Agent Signature required when reinstating)

1/11/00

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 PSD ☐ Delete  
NAME YOUNG, JACK E.  
STREET ADDRESS 632 GEORGETOWN DR., APT C  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☒ Change ☐ Addition  
NAME YOUNG, JACK E.  
STREET ADDRESS 2260 W Old Hwy 441  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Jack E Young*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 385 4400

Date

Daytime Phone #