

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K00311**

1. Entity Name

NEW PORT RICHEY SURGI-CENTER, INC.**FILED****Jan 24, 2001 8:00 am**
Secretary of State

01-24-2001 90065 019 ***150.00

Principal Place of Business

**515 CLIFF DR.
TEMPLE TERRACE FL 33617**

Mailing Address

**515 CLIFF DR.
TEMPLE TERRACE FL 33617**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0011705**

Applied For

Not Applicable

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****GIL, DENNIS
515 CLIFF DR.
TEMPLE TERRACE FL 33617**

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 State10. 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	<input type="checkbox"/> Delete
	D			
	FRIT HAUBER			
	5415 GULF DRIVE			
	NEW PORT RICHEY FL 34652			
	DST			
	GIL, DENNIS C			
	515 CLIFF DR			
	TEMPLE TERRACE FL 33617			
	DVP			
	HANFF, HENRY W.			
	5415 GULF DRIVE			
	NEW PORT RICHEY FL 34652			

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS GIL

Date

1/11/01

Daytime Phone #

813-989-0060

CR2E034 (10/00)