

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K00790

1. Entity Name  
FLORIDA CENTER FOR GASTROENTEROLOGY, P.A.

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90044 034 \*\*\*550.00

Principal Place of Business  
7800 66TH STREET NORTH #301  
PINELLAS PARK FL 33781  
US

Mailing Address  
7800 66TH STREET NORTH #301  
PINELLAS PARK FL 33781  
US

00010000



2. Principal Place of Business

8250 BRYAN DAIRY RD

3. Mailing Address

8250 BRYAN DAIRY RD

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number 59-2856519

Applied For

Not Applicable

Zip

33777

Country

USA

Zip

33777

Country

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

BERMAN, ARTHUR L.  
7800 66 ST N #301  
SUITE B  
PINELLAS PARK FL 33781

Name

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

8250 BRYAN DAIRY RD

200

City LARGO

FL

Zip Code

33777

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

*Dr Arthur Berman*

*8/2/00*

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 13, 2000 Min. 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	D	<input type="checkbox"/> Delete
NAME	BERMAN, ARTHUR D.	
STREET ADDRESS	7800 66TH ST N #301	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALLGREN, SCOTT E	
STREET ADDRESS	7800 66 ST N #301	
CITY-ST-ZIP	PINELLAS PARK 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	8250 BRYAN DAIRY RD #200	
CITY-ST-ZIP	LARGO FL 33777	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8250 BRYAN DAIRY RD #200	
CITY-ST-ZIP	LARGO FL 33777	
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:

*Dr Arthur Berman*  
**SIGNATURE REQUIRED**

*8/2/00*

*727 544 1600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)