

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90060 033 \*\*\*158.75

**DOCUMENT # K29075**

1. Entity Name

**BARRY NEAL GACH M.D., P.A.**

Principal Place of Business

Mailing Address

% BARRY NEAL GACH  
 2623 S SEACREST BLVD. STE 210  
 BOYNTON BCH FL 33435

% BARRY NEAL GACH  
 2623 S SEACREST BLVD. STE 210  
 BOYNTON BCH FL 33435-7532

LUU04040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1325 S. CONGRESS AVE.**

3. Mailing Address

**1325 S. CONGRESS AVE.**

Suite, Apt. #, etc.

**SUITE # 211**

Suite, Apt. #, etc.

**SUITE # 211**

City & State

**BOYNTON BEACH FLA**

City & State

**BOYNTON BEACH FLA**

4. FEI Number

**65-0067046**

Applied For

Not Applicable

Zip

**33426**

Country

**USA**

Zip

**33426**

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

**GACH, BARRY NEAL**  
**2623 S SEACREST BLVD, STE 210**  
**BOYNTON BCH FL 33435**

Name

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

**1325 S. CONGRESS AVE**

**SUITE # 211**

City

**BOYNTON BEACH**

**FL**

Zip Code

**33426**

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.

*location only change*

SIGNATURE

Signature, typed or printed name of registered agent and title, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>GACH, BARRY NEAL</b>	
STREET ADDRESS	<b>2623 S SEACREST BLVD 210</b>	
CITY-ST-ZIP	<b>BOYNTON BCH FL</b>	
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	<b>1325 S. CONGRESS AVE. # 211</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33426</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/00 (561) 732-2900**

CR2E034 (9/99)