

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K38521

Entity Name
WILLIAMS' FAMILY MEDICINE, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90008 003 ***150.00

Principal Place of Business
US #1
7. BOX 7
VERO BEACH FL 32960

Mailing Address
1360 US #1
STE 7. BOX 7
VERO BEACH FL 32961-0007

00023648



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1360 US #1
Suite, Apt. #, etc.
Suite #7
City & State
Vero Beach, FL
Zip
32960
Country
Ind. River

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0079384
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, FREELAND L II
1360 US HWY 1, STE #7
BOX 7
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	DPTS WILLIAMS, FREELAND L II 1360 US HWY #1, STE 7, BOX 7 VERO BEACH FL 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 empowerment.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 561-567-4500
Date Daytime Phone #

CR2E034 (9/99)