

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K48377**

1. Entity Name

MEDICAL BUREAU FOR COLLECTIONS, INC.

Principal Place of Business

Mailing Address

**4516 N ARMENIA AVE
TAMPA FL 33603****4516 N ARMENIA AVE
TAMPA FL 33603-2732**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2924585

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****YOUNGER, JEFF
4516 N. ARMENIA AVE
TAMPA FL 33603**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	VPD WESTERFIELD, JERRY 4516 N. ARMENIA AVE TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAW, MICHAEL 4516 N. ARMENIA AVE TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ENGLEMAN, ELAINE 4516 N. ARMENIA AVE TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ISELL, ROBERT G. 4516 N ARMENIA AVE TAMPA FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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

Date

Daytime Phone #

4/27/00 813-348-6954

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

K48311
00083321

**Medical Bureau For Collections, Inc.
Officers and Directors at 03/31/00**

President/Director
Shaw, Michael C.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Rasmussen, John F.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Bonsack, Timothy
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Westerfield, Jerry D.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Quigley, James M.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Ferzoco, Steven A.
4516 N. Armenia Avenue
Tampa, FL 33603

Sec./Treas./Director
Mandel, Steven M.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Engelman, Elaine D.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Stern, Charles A.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Hanner, James S.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Smith, Gary M.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Berlet, Matthew H.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Shaughness, George P.
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Bodor, Daniel
4516 N. Armenia Avenue
Tampa, FL 33603

V.P./Director
Kennedy, Steven
4516 N. Armenia Avenue
Tampa, FL 33603