

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55878

1. Entity Name

THOMAS J. UMSTEAD, M.D., P.A.

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90075 014 \*\*\*150.00

00000001



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2101 TRINITY OAKS BLVD.  
203  
NEW PORT RICHEY FL 34655  
US

2101 TRINITY OAKS BLVD.  
203  
NEW PORT RICHEY FL 34655  
US

2. Principal Place of Business

3. Mailing Address

2102 Trinity Oaks Blvd

3890 Tampa Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#203

404

City & State

New Port Richey FL

City & State

Palm Harbor FL

Zip

FL 34655

Country

USA

Zip

34684

Country

USA

4. FEI Number 59-2922715

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

UMSTEAD, THOMAS J.  
2101 TRINITY OAKS BLVD.  
SUITE 203  
NEW PORT RICHEY FL 34655

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 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  
D  
UMSTEAD, THOMAS J.  
2102 TRINITY OAKS BLVD., SUITE 203  
NEW PORT RICHEY FL ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ 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 #

2-21-01

727-781-3627

CR2E034 (10/00)