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

## DOCUMENT # L00051

1. Entity Name

HARTOG AND DUBOY PROPERTIES, INC.

# **FILED** Jan 26, 2000 8:00 am Secretary of State

01-26-2000 90037 021 \*\*\*150.00

Principal Place of Business Mailing Address									
1733 LAKELANI 1733 LAKELANI LAKELAND FL : US	HILLS BLVD.	% Robert J. Bertrand 1733 Lakeland Hills BLVD. Lakeland Fl. 33905-3016			}	1 1881:181:1 82: <b>8</b>	0))) AŽI() BOJA ŠI(ŽI ()A) B)		
2. Principal P	lace of Business	3. Mailing Address	ling Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			1. FEI Number	59-2958730	Applied For		
Zip	ip Country Zip . Coun					5. Certificate of S		1! \$8.75 A	Not Applied
	6. Name and Address of Current R	*: : .		<u></u>			dress of New Registe	Fee Requir	red
HAR	TOG, ELLIE M. M	egisteleu Agent		Name	Jubos	Albe	rto M.D.		
1733	LAKELAND HILLS BLVD. ELAND FL 33801		i	Street A		). Box Number is Lakeland		lvd	<del></del>
	<b>^</b> -		I	City	Lake	land		FL Zip Co	ode 805
8. The above	named entity submits this statement for	the purpose of changing its	registere				the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	d trig if applicable. (NOTE	: Registered	d Agent signat	ure required who	en reinstating)		14/00 ATE	
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW! After MAY 1, 20 Make Check Payab	00 Fee	will be \$5	50.00		n Campaign Financing und Contribution.		.00 May Be ed to Fees
11.	OFFICERS AND D	IRECTORS	12.			ADDITIONS/CH/	ANGES TO OFFICERS	AND DIRECTO	RS IN 11
TITLE	Ρ	Delete	TITLE		V.			Change	Additio
NAME	HARTOG, ELLIE MARIA M.D.		NAM		Alvare	ez, Pater	Hills Blad	•	
STREET ADDRESS	1733 LAKELAND HILLS BLVD			ET ADDRESS					
CITY-ST-ZIP	LAKELAND FL	<del></del>	CHY	ST-ZIP	hake	land, Fl	33805		
TITLE	-DST- P	☐ Delete	TITLE		1×	1	T	Change	Additio
NAME STREET ADDRESS	DUBOY, ALBERTO M.D. 1733 LAKELAND HILLS BLVD		NAMI	ET ADDRESS	Puret	1 kg/g d	Frey M.D. Hills Blue	1	
CITY-ST-ZIP	LAKELAND.FL	j.		ST-ZIP			L -33805.		
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NAME		C Delete	NAM		Damio	in Gra	cia M.D.	onango	22,71001110
STREET ADDRESS			STRE	ET ADDRESS	1733	Lakeland	Hills Blud		
CITY-ST-ZIP			CITY	ST-ZIP			L 33805		,
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NAME			NAMI		Cara	vello, , Ju	L 33805	1	
STREET ADDRESS	<b>4</b>	•	, STRE	ET ADDRESS	1733	Lakeland	# 4115 BIG	,,,	
CITY-ST-ZIP			CITY	ST-ZIP	Lake	land, F	L33805		
TITLE		Delete	TITLE	:				☐ Change	Additio
NAME	•		NAMI		i				
STREET ADDRESS				ET ADDRESS	]				
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NAME STREET ADDRESS I			NAMI		1				
STREET ADDRESS   CITY-ST-ZIP				ET ADDRESS • ST-ZIP	ļ				
	<u> </u>				<u> </u>	440.0040000			
13. I hereby of indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver of trustee emoors.	his filing does not qualify for rue and accurate and that m Pered to execute this report	the exerny signates	nption sta ure shall h ed by Cha	ted in Section ave the san	on 119.07(3)(i), Fl ne legal effect as lorida Statutes: ar	orida Statutes. I furthe if made under oath; that my name appe	er certify that the nat I am an office ears in Block 11	information er or director or Block 12 if

changed, or on an attachment with an a

**SIGNATURE:** 

Alberto Duby, MD 1/14/00 (263)688-1528