

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26361

1. Entity Name

CARDIAC BYPASS ASSOCIATES, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90110 035 \*\*\*150.00

Principal Place of Business

8419 WOODBRIAR DRIVE  
8419 WOODBRIAR DR  
SARASOTA FL 34238  
US

Mailing Address

8419 WOODBRIAR DRIVE  
8419 WOODBRIAR DR  
SARASOTA FL 34238-5654  
US

2. Principal Place of Business

2247 PINEVIEW CIRCLE

3. Mailing Address

2247 PINEVIEW CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA, FLORIDA

City & State  
SARASOTA, FLORIDA

4. FEI Number 65-0154245

Applied For  
Not Applicable

Zip  
34231

Country  
USA

Zip  
34231

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

BRIGGS, STANLEY A  
8419 WOODBRIAR DR  
SARASOTA FL 34238

Name

Street Address (P.O. Box Number is not acceptable)  
2247 PINEVIEW CIRCLE

City SARASOTA

FL

Zip Code 34231

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

*Stanley A. Briggs*

STANLEY A. BRIGGS

1/31/00

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 D ☐ Delete  
NAME BRIGGS, STANLEY  
STREET ADDRESS 8419 WOODBRIAR DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition  
NAME BRIGGS, STANLEY A  
STREET ADDRESS 2247 PINEVIEW CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D ☐ Delete  
NAME HATHY, LARRY A.  
STREET ADDRESS 8419 WOODBRIAR DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition  
NAME HATHY, LARRY A.  
STREET ADDRESS 2247 PINEVIEW CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D ☐ Delete  
NAME LAMBERT, RONALD P.  
STREET ADDRESS 8419 WOODBRIAR DR  
CITY-ST-ZIP SARASOTA FL

TITLE ☒ Change ☐ Addition  
NAME LAMBERT, RONALD P.  
STREET ADDRESS 2247 PINEVIEW CIRCLE  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Stanley A. Briggs*

STANLEY A. BRIGGS

1/31/00

941-925-1092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)