

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M73655

1. Entity Name

CANCER CARE ASSOCIATES, P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90127 045 ***150.00

Principal Place of Business

Mailing Address

301 S. LAKE ST.
LEESBURG FL 34749-1346

301 S. LAKE ST.
LEESBURG FL 34748-5969

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 **59-2881792**

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

JACOBSON, HAL
301 S. LAKE ST.
LEESBURG FL 34749-1346

Name **B+C Corporate Services of Central FL**
Street Address (P.O. Box Number is Not Acceptable)
390 N. Orange Ave.
Suite 1100
City **Orlando, FL 32801** FL **32801**

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 and 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 **PDS**
STREET ADDRESS **JACOBSON, HAL M**
CITY-ST-ZIP **301 SOUTH LAKE STREET**
LEESBURG FL

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

TITLE
NAME **T**
STREET ADDRESS **JACOBSON, JYMMIE**
CITY-ST-ZIP **33809 OVERTON DRIVE**
LEESBURG FL

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

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CITY-ST-ZIP ☐ 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:

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

Date

Daytime Phone #

4/17/00 **352 3262224**