## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # M79510 Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** MEADOWCREST FAMILY PRACTICE, P.A. 02-02-2000 90001 002 \*\*\*150.00 Mailing Address Principal Place of Business 5915 W GULF TO LAKE HWY 3905 N LECANTO HWY BEVERLY HILLS FL 34465-3507 CRYSTAL RIVER FL 34429 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number City & State 59-2901288 Not Applicable Country\_ Country \$8.75 Additional 5. Certificate of Status Desired\* 🐾 🔲 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEGRAW, JOHN R. dress (P.O. Box Number is Not Acceptable) 6199 GULF TO LAKE HWY. **CRYSTAL RIVER FL 34429** 8. The above partied entity submits this statement for the purpose of changing its registered office or registered a SIGNATURE DATE ered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, ☐ Addition **PSTD** TITLE TITLE DEGRAW JOHN R. NAME 6199 W. GULF LAKE HWY. 5915 W GUL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL Change ■ Addition TITLE TITLE DICKERT, JIM NAME NAME STREET ADDRESS STREET ADDRESS 6199 W GULE TO LAKE HWY CITY-ST-ZIP CITY-ST-ZIP CRYSTAL RIVER FL ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 to Block 11 or Block 12 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears to Block 11 or Block 12 in Blo with all other like empo changed, or on an attack nent with an address