

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08800

1. Entity Name

MEDICAL CENTER PLAZA CONDOMINIUM ASSOCIATION, IN

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90186 039 ****61.25

Principal Place of Business

Mailing Address

~~C/O MR. MARCUS E. DREWA~~
~~580 WEST 8TH STREET~~
~~JACKSONVILLE FL 32209~~

~~C/O MR. MARCUS E. DREWA~~
~~580 WEST 8TH STREET~~
~~JACKSONVILLE FL 32209-8939~~

2. Principal Place of Business

3. Mailing Address

550 West 8th Street

655 West 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32209

USA

32209

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2892231

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

~~JORDAN, ROBERT E~~
~~580 W 8TH ST~~
~~JACKSONVILLE FL 32209~~

Name: Smith Hulsey & Bussey
Street Address (P.O. Box Number is Not Acceptable):
225 Water Street
Suite 1800
City: Jacksonville FL Zip Code: 32209

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: *Haym. Wilson*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST DREWA, MARCUS E. 580 W 8TH ST JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, GEORGE T 10626 WOODSDALE LANE S. JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DONOVAN, THOMAS W. 2700 C UNIVERSITY BLVD. W JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GAY, W. W. 524 STOCKTON ST JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMINGWAY, LEROY 619 CASSAT AVE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD Robert A. Norton 655 West 8th Street Jacksonville FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Greg Gay 655 West 8th Street Jacksonville FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD David Friedman 655 West 8th Street Jacksonville FL 32209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Greg H. Gay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/27/00 Daytime Phone #: 904-549-3707

CR2E037 (9/99)