

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25820

1. Entity Name

ARTHROSCOPY BOARD OF NORTH AMERICA, INC.

Principal Place of Business

7315 HUDSON AVENUE  
HUDSON FL 34667-1158

Mailing Address

7315 HUDSON AVENUE  
HUDSON FL 34667-1158

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2964514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J  
911 CHESTNUT ST.  
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 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

TITLE DP ☐ Delete  
NAME BONATI, ALFRED O.  
STREET ADDRESS 7315 HUDSON AVENUE  
CITY-ST-ZIP HUDSON FL 34667-1258

TITLE DVP ☐ Delete  
NAME PERRY, MICHAEL  
STREET ADDRESS 8705 CRANES ROOST DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE DAT ☐ Delete  
NAME O'RYAN, CECILIA  
STREET ADDRESS 5050 WESTSHORE DR. SO.  
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DVP ☒ Change ☐ Addition  
NAME Perry, Michael  
STREET ADDRESS 8705 Cranes Roost Dr.  
CITY-ST-ZIP New Port Richey, FL 34654

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

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

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

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

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:

SIGNATURE REQUIRED: Alfred O. Bonati, President 4/23/01 (727) 857-9512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)