

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90076 007 \*\*\*\*61.25

**DOCUMENT # N39764**

1. Entity Name

**MADISON STREET PROFESSIONAL CENTER ASSOCIATION.**

Principal Place of Business

Mailing Address

6641 MADISON STREET  
NEW PORT RICHEY FL 34652

6641 MADISON STREET  
NEW PORT RICHEY FL 34652-1927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

USA

USA

4. FEI Number

65-0141295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMPSEY, DAVID W.**  
**6641 MADISON STREET**  
**NEW PORT RICHEY FL 34652**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME **DEMPSEY, DAVID W.**  
STREET ADDRESS **6641 MADISON STREET**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD  
NAME **DEMPSEY, MARILYN D.**  
STREET ADDRESS **6641 MADISON STREET**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD**  
NAME **DEMPSEY, THELMA**  
STREET ADDRESS **2336 WOODBEND CIRCLE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D**  
NAME **WILLIAM DEMPSEY**  
STREET ADDRESS **2336 WOODBEND CIRCLE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/2/2000 727 771 6453**

Date

Daytime Phone #

CR2E037 (9/99)