

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42054

1. Entity Name

FLORIDA SURGICAL SOCIETY, INC.

**FILED**  
Feb 04, 2000 8:00 am  
**Secretary of State**

02-04-2000 90034 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 530544  
ORLANDO FL 32853-0544

P. O. BOX 530544  
ORLANDO FL 32853-0544

2. Principal Place of Business

4494 Southside Blvd #

3. Mailing Address

4494 Southside Blvd.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32216

Country

USA

Zip

32216

Country

USA

4. FEI Number

59-3046386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, CRAIG B.

105 E. ROBINSON ST.

SUITE 501

ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Christopher R. Seymour

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

4494 Southside Blvd #201

City

Jacksonville

FL

Zip Code

32216

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	ED	<input checked="" type="checkbox"/> Delete
NAME	WILKES, SHELBY	
STREET ADDRESS	1811 WYCLIFF DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALEY, WILLIAM K	
STREET ADDRESS	1340 S. 18TH ST.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERSHAKOVEC, GEORGE	
STREET ADDRESS	7000 SW 62ND AVE	
CITY-ST-ZIP	MIAMI FL 33143-4719	
TITLE	D	<input type="checkbox"/> Delete
NAME	LERNER, ELI	
STREET ADDRESS	4020 STATE RD. 674	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLYE, R. BRADFORD	
STREET ADDRESS	4531 N. DAVID HIGHWAY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIER, DARYL	
STREET ADDRESS	1181 ORANGE AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER R. SEYMOUR	
STREET ADDRESS	4494 Southside Blvd #201	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)