

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000443

1. Entity Name

-TAMPA-BAY UROLOGICAL INSTITUTE, INC.

Principal Place of Business

11598 SHELLY CIRCLE
SEMINOLE FL 33710
US

Mailing Address

11598 SHELLY CIRCLE
SEMINOLE FL 33772-6144
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3164672

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

ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

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 D ☐ Delete
NAME HUDSON, PERRY B M.D.
STREET ADDRESS 11598 SHELLY CIRCLE
CITY-ST-ZIP SEMINOLE FL

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

TITLE D ☐ Delete
NAME ESSRIG, IRVING M M.D.
STREET ADDRESS 2803 BEACH DRIVE
CITY-ST-ZIP TAMPA FL 33629

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

TITLE D ☐ Delete
NAME TURNER, GILBERT E
STREET ADDRESS 3103 SAN RAFAEL
CITY-ST-ZIP TAMPA FL 33629

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

TITLE D ☐ Delete
NAME MACKALL, W B
STREET ADDRESS 7924 GARDEN DRIVE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D ☐ Delete
NAME SILBIGER, MARTIN L
STREET ADDRESS 12901 BRUCE B DOWNS BLVD
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete
NAME PERSKY, LESTER
STREET ADDRESS JAMES A HALEY HOSPITAL
CITY-ST-ZIP TAMPA FL

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)