

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005991

1. Entity Name

BRECKENRIDGE PROFESSIONAL CENTER, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90101 029 \*\*\*\*61.25

Principal Place of Business  
19850 BRECKENRIDGE DR  
SUITE A  
ESTERO FL 33928  
US

Mailing Address  
19850 BRECKENRIDGE DR  
SUITE A  
ESTERO FL 33928-2183  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0584264**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LOTURCO, JOSEPH D**  
**19850 BRECKENRIDGE DR.**  
**ESTERO FL 33928**

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 *Joseph D Loturco*  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D LOTURCO, JOSEPH D</b>	<b>19850 BRECKENRIDGE DR. STE. A</b>	<b>ESTERO FL 33928</b>	<input type="checkbox"/>
	<b>D NICOLLA, JOSEPH R</b>	<b>19850 BRECKENRIDGE DR., STE A</b>	<b>ESTERO FL 33928</b>	<input type="checkbox"/>
	<b>D BETTE, KEVIN M</b>	<b>19850 BRECKENRIDGE DR., STE A</b>	<b>ESTERO FL 33928</b>	<input checked="" type="checkbox"/>
	<b>D Sullivan, John</b>	<b>19850 Breckenridge Dr. Ste. A</b>	<b>Estero, FL 33928</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 of John Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date *4-3-00* Daytime Phone # *941-992-4140*

CR2E037 (9/99)