

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90033 004 ****61.25

DOCUMENT # N95000001976

1. Entity Name

FLORIDA UROLOGICAL SOCIETY, INC.

Principal Place of Business

**1133 WEST MORSE BLVD.
SUITE 201
WINTER PARK FL 32789**

Mailing Address

**1133 WEST MORSE BLVD.
SUITE 201
WINTER PARK FL 32789**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3313203

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

**CROW-SEGAL MANAGEMENT CO INC.
1133 WEST MORSE BLVD.
WINTER PARK FL 32789**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PPD
BROWN, B THOMAS
545 HEALTH BLVD
DAYTONA BEACH FL 32114** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Brown, Ruskin
1411 N. Flagler Drive, #5300
West Palm Beach, FL 33401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PINON, AVELINO
7800 SOUTHWEST 87TH AVENUE #C350
MIAMI FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PED
Dineen, Martin
541 Health Blvd.
Daytona Beach, FL 32114** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRABLE, MICHAEL S
685 PEACHWOOD DRIVE
DELAND FL 32720** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PED
Dineen, Martin
541 Health Blvd.
Daytona Beach, FL 32114** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROOT, MALCOMB
12091 SWANN AVENUE
TAMPA FL 33606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PED
Dineen, Martin
541 Health Blvd.
Daytona Beach, FL 32114** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWARTZ, DOUGLAS
836 PRUDENTIAL DRIVE #1502
JACKSONVILLE FL 32207** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PED
Dineen, Martin
541 Health Blvd.
Daytona Beach, FL 32114** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SELLINGER, SCOTT
1207 HODGES DRIVE
TALLAHASSEE FL 32308** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
Castellanos, Ron
507 Del Prada Blvd.
Cape Coral, FL 33990** ☐ 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

3-7-02

Date

407-647-8839

Daytime Phone #

CR2E037 (9/01)