

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/5

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90026 046 \*\*\*\*61.25

**DOCUMENT # N97000003475**

1. Entity Name

**THE MOTE VASCULAR FOUNDATION, INC.**

Principal Place of Business

5741 BEE RIDGE RD  
 SUITE 400  
 SARASOTA FL 34233  
 US

Mailing Address

5741 BEE RIDGE RD  
 SUITE 400  
 SARASOTA FL 34233-5062  
 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

**NOT APPLICABLE**

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

**SAMSON, RUSSELL H**  
**5741 BEE RIDGE RD**  
**SUITE 400**  
**SARASOTA FL 34233**

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	DP	<input type="checkbox"/> Delete
NAME	SAMSON, RUSSELL H	
STREET ADDRESS	5741 BEE RIDGE, #400	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SHOWALTER, DAVID P	
STREET ADDRESS	5741 BEE RIDGE RD, #400	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE	DST	<input type="checkbox"/> Delete
NAME	YUNIS, JONATHAN P	
STREET ADDRESS	5741 BEE RIDGE RD, #400	
CITY-STATE-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 information.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

7/7/00 94-311-6565