

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005752

1. Entity Name

THE GOOD NEWS DOCTOR, INC.

FILED

00 FEB -7 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0020095

Principal Place of Business

Mailing Address

1663 GEORGIA STREET  
#700  
PALM BAY FL 32907  
US

1663 GEORGIA STREET  
#700  
PALM BAY FL 32907-2589  
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

59-3473087

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

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	<input type="checkbox"/> Delete
D BRADSTREET, JAMES J MD 730 EMERSON DRIVE NE PALM BAY FL 32907	
D DEKKER, HENRY 1260 HOLLOW BROOK LANE MALABAR FL 32950	<input type="checkbox"/> Delete
D KUNNATH, WILLIAM PO BOX 439 N/A PALM CITY FL 34990-0439	<input type="checkbox"/> Delete
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003136649-6 -02/16/00--01007--015 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**

1/17/00

KE

CR2E037 (9/99)