

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000003245

1. Entity Name

FLORIDA SURGEONS FORUM, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

02-05-2000 90045 028 ****61.25

Principal Place of Business 2589 PARK STREET JACKSONVILLE FL 32204	Mailing Address 2589 PARK STREET JACKSONVILLE FL 32204-4554
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4494 Southside Blvd #201 Suite, Apt. #, etc. 201	3. Mailing Address 4494 Southside Blvd #201 Suite, Apt. #, etc. 201
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32216	Country USA
Zip 32216	Country USA

4. FEI Number 59-3580115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARVEY, ROBERT J 2589 PARK STREET JACKSONVILLE FL 32204
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7. Name and Address of New Registered Agent Name: Christopher R. Seymour Street Address (P.O. Box Number is Not Acceptable): 4494 Southside Blvd #201 City: Jacksonville FL Zip Code: 32216
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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: Christopher R. Seymour DATE: 1-28-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIR, DARYL D 2589 PARK STREET JACKSONVILLE FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P WEIR, DARYL D 4494 Southside Blvd #201 Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARGE, JAMES W 2589 PARK STREET JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, R B 2589 PARK STREET JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S Accola, Kevin 4494 Southside Blvd #201 Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Seymour, Chris 4494 Southside Blvd #201 Jacksonville, FL 32216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

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: Christopher R. Seymour DATE: 1-25-00 DAYTIME PHONE: 904-998-0853
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR