

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000022050**1. Entity Name
STEPHEN B. GILL, M.D., P.A.**Principal Place of Business**

1935 LAKESHORE DRIVE NORTH

ORANGE PARK

32073

FL

Mailing Address

1935 LAKESHORE DRIVE NORTH

ORANGE PARK

32073

FL

2. Principal Place of Business

3189 HIGHWAY 17 S

3. Mailing Address

3189 HIGHWAY 17 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GREEN COVE SPRINGS

FL

City & State

GREEN COVE SPRINGS

FL

Zip

32043

Country

Zip

32043

Country

4. FEI Number**59-3627973**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****GILL STEPHEN B**
1935 LAKESHORE DRIVE NORTH

ORANGE PARK

32073

FL

7. Name and Address of New Registered Agent**Name****GILL STEPHEN B**

Street Address (P.O. Box Number is Not Acceptable)

1935 LAKESHORE DRIVE NORTH

City

ORANGE PARK

FL**Zip Code**
32003

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 **STEPHEN B GILL MD****04/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL STEPHEN B	
STREET ADDRESS	1935 LAKESHORE DRIVE NORTH	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILL JEANNE B	
STREET ADDRESS	1935 LAKESHORE DRIVE NORTH	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL STEPHEN B	
STREET ADDRESS	1935 LAKESHORE DRIVE NORTH	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEPHEN B GILL MD**

D

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)