

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029796

1. Entity Name

BONITA SPRINGS FAMILY PRACTICE, P.A.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90077 002 ***150.00

0400361

Principal Place of Business
4601 BONITA BEACH RD., STE. 103
BONITA SPRINGS FL 34134

Mailing Address
4601 BONITA BEACH RD., STE. 103
BONITA SPRINGS FL 34134

2. Principal Place of Business
3501 HEALTH CENTER BLVD

3. Mailing Address
SAME

Suite, Apt., #, etc.
UNIT #2100

Suite, Apt., #, etc.

City & State
BONITA SPRINGS, FL

City & State

4. FEI Number
65-1011161

Applied For

Not Applicable

Zip
34135-8128

Country
LEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KASKIE, STEPHEN M.D.
4601 BONITA BEACH RD., STE. 103
BONITA SPRINGS FL 34134
3501 HEALTH
CENTER BLVD
UNIT #2100
34135-8128

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 *Stephen Kaskie M.D.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/01
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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
P, D
STEPHEN KASKIE, M.D.
SAME AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)