

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041995

1. Entity Name

JOHN C. Warburton, M.D., P.A.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90376 045 ***150.00

Principal Place of Business

909 MAR WALT DR., SUITE 1014
FT. WALTON BEACH FL 32547

Mailing Address

909 MAR WALT DR., SUITE 1014
FT. WALTON BEACH FL 32547

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FFL Number

59-363 9728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DR., SUITE 1014
FT. WALTON BEACH FL 32547

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WARBURTON, JOHN C
900 GULF SHORE DR., #1096
DESTIN FL 32541 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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:

John C. Warburton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/2001

Date

850-269-2015

Daytime Phone #

CR2E034 (10/00)

attachment
D# P0000004199E

ANNUAL MINUTES QUESTIONNAIRE

CORPORATE
NAME: JOHN C. WARBURTON, M.D., P.A.

ADDRESS OF
CORPORATION: 909 MAR WALT DR # 1014

NAME OF PRESIDENT: JOHN C. WARBURTON, MD

NAME OF VICE
PRESIDENT: SAME

NAME OF
SECRETARY: SAME

NAME OF ASSISTANT
SECRETARY: _____

NAME OF
TREASURER: SAME

NAMES OF
SHAREHOLDERS: SAME

NAMES OF
DIRECTORS: SAME