

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
 05-18-2001 91634 001 ***450.00

DOCUMENT # P00000048964

1. Entity Name

GARY W. JAY, M.D., P.A.

Principal Place of Business

Mailing Address

**710 MIAMI SPRINGS DRIVE
 LONGWOOD FL 32779**

**710 MIAMI SPRINGS DRIVE
 LONGWOOD FL 32779**

72795

2. Principal Place of Business

126 BENTREE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

126 BENTREE CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE MARY FL

City & State

LAKE MARY FL

4. FEI Number

59-3645966

Applied For

Not Applicable

Zip

Country

32746 USA

Zip

Country

32746 USA

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

**F & L CORP.
 200 LAURA STREET, 3RD FLOOR
 JACKSONVILLE FL 32201-0240**

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **P/O/C**
 STREET ADDRESS **GARY W. JAY, M.D.**
 CITY-ST-ZIP **126 BENTREE CIRCLE
 LAKE MARY FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S/T**
 STREET ADDRESS **SUZANNE JAY**
 CITY-ST-ZIP **126 BENTREE CIRCLE
 LAKE MARY FL 32746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY W. JAY, MD

Date

4/30/01

Daytime Phone #

407-328-1011

CR2E034 (10/00)