

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2001 8:00 am
Secretary of State

04-24-2001 90245 020 ***150.00

DOCUMENT # P00000054754

1. Entry Name

JAMES E. CHERRY, D.M.D., P.A.

Principal Place of Business

Mailing Address

8117 WOODPECKER TRAIL
 JACKSONVILLE FL 32256

8117 WOODPECKER TRAIL
 JACKSONVILLE FL 32256

2. Principal Place of Business

4100 SOUTHPOINT DR, E

3. Mailing Address

4100 SOUTHPOINT DR, E

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3650262

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32216

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRWAN, MICHAEL B.
 50 N LAURA STREET SUITE 2800
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: James E. Cherry, D.M.D.
 Street Address (P.O. Box Number is Not Acceptable): 4100 Southpoint Drive, E.
 Suite #5
 City: Jacksonville FL Zip Code: 32216

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

James E Cherry MD (James E. Cherry DMD) President 5/2/01
 (NOTE: Registered Agent signature required when renewing)

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	D	<input type="checkbox"/> Delete
NAME	CHERRY, JAMES E DMD	
STREET ADDRESS	8117 WOODPECKER TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, JAMES E DMD	
STREET ADDRESS	4100 SOUTHPOINT DRIVE EAST SUITE #5	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

James E Cherry MD (James Cherry MD) 4/18/01 (904) 251-2225
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)