

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062030

1. Entity Name

Donald J. Slevin, M.D., P.A.

Principal Place of Business

1325 Vista Drive
Sarasota, FL 34239

Mailing Address

1325 Vista Drive
Sarasota, FL 34239

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90141 029 ***150.00

A0080206

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1022612

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Don B. Weinbren
101 E. Kennedy Boulevard
Suite 2700
Tampa, FL 33602

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

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 D
NAME Donald J. Slevin, M.D. ☐ Delete
STREET ADDRESS 1325 Vista Drive
CITY-ST-ZIP Sarasota, FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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:

Donald J. Slevin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald J. Slevin, M.D. 7/31/01

Date

941-951-2663

Daytime Phone *

CR2E034 (11/00)



GOAR, ENDRISS & WALKER, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Attest me

JAMES C. GOAR
JAMES W. ENDRISS
KATHLEEN R. WALKER

A0080206

#100000061031

July 25, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Donald J. Slevin, M.D., P.A.
2001 Uniform Business Report

To Whom It May Concern:

While reviewing the 2001 general ledger in order to prepare the second quarter payroll tax returns, we noticed that the annual \$150 for the Uniform Business Report had not been paid. Upon inquiring, we ascertained that a report was never received by Donald J. Slevin, M.D., P.A.

Enclosed is a completed form and a check in the amount of \$150. We ask that you waive the penalty. Our client is a new business owner and was unaware that a report had to be submitted by May.

Very truly yours,

GOAR, ENDRISS & WALKER, P.A.

Kathleen Walker
Kathleen R. Walker

KRW/mjc
Enclosure

cc: Donald J. Slevin, M.D.