

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90064 005 \*\*\*150.00

**DOCUMENT # P00000064481**

1. Entity Name

CAROLINE C. HONCULADA M.D., P.A.

Principal Place of Business

421 LINDEN LANE  
LAKE WALES FL 33853

Mailing Address

421 LINDEN LANE  
LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3658317

Applied For

Not Applicable

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

~~SPIEGEL & UTRERA, P.A.~~  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name CAROLINE C. HONCULADA, M.D.

Street Address (P.O. Box Number is Not Acceptable)

421 LINDEN LANE

City

LAKE WALES

**FL**

Zip Code

33853

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 CCHONCULADA CAROLINE C. HONCULADA, M.D. 1/31/01

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  
**PSTD  
HONCULADA, CAROLINE C M.D.  
421 LINDEN LANE  
LAKE WALES FL 33853**

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

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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CITY-ST-ZIP

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:**

CCHONCULADA CAROLINE C. HONCULADA, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

(843) 474-9454

CR2E034 (10/00)