

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90355 019 ***550.00

DOCUMENT # P01000001488

1. Entity Name
WOMEN'S CARE OF CLERMONT, P.A.

Principal Place of Business

**12906 TIGER LILLY CT
 CLERMONT FL 34711**

Mailing Address

**12906 TIGER LILLY CT
 CLERMONT FL 34711**

2. Principal Place of Business

725 Almond Street

3. Mailing Address

725 Almond Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-3689441

Applied For

Not Applicable

Zip
34711

Country
USA

Zip
34711

Country
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

**COLEMAN, SHELLEY
 12906 TIGER LILLY CT
 CLERMONT FL 34711**

Name **GLOVER, SHELLEY COLEMAN**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shelley C. Glover **Shelley Coleman Glover, MD 7/8/02**

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 COLEMAN, SHELLEY 12906 TIGER LILLY CT CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President GLOVER, SHELLEY COLEMAN 725 ALMOND STREET CLERMONT, FL 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shelley C. Glover **Shelley Coleman Glover, MD 7/8/02 352-243-6686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)