

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 14 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000135341

1. Entity Name

The Tillery Group, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
800 West Morse Boulevard

3. Mailing Address
800 West Morse Boulevard

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.
Suite 2

DO NOT WRITE IN THIS SPACE

City & State
Winter Park, Florida

City & State
Winter Park, Florida

4. FEI Number 37-1453366

Applied For
Not Applicable

Zip
32789

Country
USA

Zip
32789

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Don E. Tillery, Jr., D.M.D.

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

800 West Morse Boulevard, Suite 2

City Winter Park

FL

Zip Code
32789

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME Don E. Tillery, Jr., D.M.D.
STREET ADDRESS 800 W. Morse Blvd., Suite 2
CITY-ST-ZIP Winter Park, FL 32789

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

407/628-5400
407/363-3330

3/14