

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002331

1. Entity Name  
ALLEN T. BRASINGTON, M.D., P.A.

**FILED**  
**Feb 14, 2001 8:00 am**  
**Secretary of State**

02-14-2001 90002 042 \*\*\*150.00

Principal Place of Business

Mailing Address

908 N.W. 57TH ST.  
SUITE E  
GAINESVILLE FL 32605

908 N.W. 57TH ST.  
SUITE E  
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
GAINESVILLE FLA

City & State  
GAINESVILLE FLA

Zip  
32607

Country

Zip  
32607

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3163196

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

CORPORATION INFORMATION SERVICES INC.  
1201 HAY ST.  
TALLAHASSEE FL 32301

Name ALLEN BRASINGTON  
Street Address (P.O. Box Number is Not Acceptable)  
6021 NW 1ST PL  
Gainesville Fla  
City FL Zip 32607

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 ALLEN T. BRASINGTON

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 DPST  
NAME BRASINGTON, ALLEN T  
STREET ADDRESS 908 N.W. 57 ST., SUITE E  
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE  
NAME BRASINGTON, ALLEN T. ☒ Change ☐ Addition  
STREET ADDRESS 6021 NW 1ST PL  
CITY-ST-ZIP GAINESVILLE FLA 32607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)