

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010782

1. Entity Name

GULFCOAST WOMEN'S CARE, P.A.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90005 001 ***150.00

Principal Place of Business

Mailing Address

401 CORBETT ST.
SUITE 400
CLEARWATER FL 33756
US

401 CORBETT ST.
SUITE 400
CLEARWATER FL 33756-7312
US

00012000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0403897

Applied For
Not Applied For

Zip

Country

Zip

Country

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

YOUNG, SHELLEY A
401 CORBETT ST.
SUITE 400
CLEARWATER FL ~~33756~~ 33756

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	VAN ZANDT, STEPHANIE	
STREET ADDRESS	401 CORBETT ST.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YOUNG, SHELLEY A.	
STREET ADDRESS	401 CORBETT ST.	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHANIE VAN ZANDT 1/24/00 (727) 462-2229

Date

Daytime Phone #