

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000018830

1. Entity Name

BAY AREA SURGICAL ASSISTANCE, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90008 005 ***150.00

Principal Place of Business

5109 BLUE HERON DR
NEW PORT RICHEY FL 34652
US

Mailing Address

5109 BLUE HERON DR
NEW PORT RICHEY FL 34652-4403
US

010040



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

65-0412392

Applied For

Not Applicable

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

HAGAN, GAIL
5109 BLUE HERON DR
NEW PORT RICHEY FL 34652

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
DANIELS, TERRI
111-L SHORELAKE DR
GREENBORO NC 37455

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HAGAN, GAIL
5109 BLUE HERON DRIVE
NEW PORT RICHEY FL

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12.

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)