

2001 UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90107 049 ***150.00

DOCUMENT # **P93000055902**

1. Entity Name

ERROL N. FINDLATER MD PA

Principal Place of Business

**320-B ZEAGLER DR
PALATKA FL 32177
US**

Mailing Address

**320-B ZEAGLER DR
PALATKA FL 32177
US**

2. Principal Place of Business

3314 CRILL AVE

Suite, Apt. #, etc.

3. Mailing Address

3314 CRILL AVE

Suite, Apt. #, etc.

City & State

PALATKA, FL

Zip

32177

Country

PUTNAM

City & State

PALATKA, FL

Zip

32177

Country

PUTNAM

4. FEI Number

59-3197732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINDLATER, ERROL
320-B ZEAGLER DR
PALATKA FL 32177**

7. Name and Address of New Registered Agent

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, as applicable.

(NOTE: Registered Agent signature required when resigning)

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	FINDLATER, ERROL N.	
STREET ADDRESS	320-B ZEAGLER DR	
CITY-ST-ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLATER, ERROL N.	
STREET ADDRESS	3314 CRILL AVE	
CITY-ST-ZIP	PALATKA, FL 32177	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREA FINDLATER	
STREET ADDRESS	4102 SILVERLAKE DR	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 #

CR02034 (10/00)