

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90110 006 ***150.00

DOCUMENT # P93000075165

1. Entity Name
CHRISTOPHER M. HASBACH, D.O., P.A.

Principal Place of Business
11373 CORTEZ BLVD
SUITE 308
BROOKSVILLE FL 34613
US

Mailing Address
11373 CORTEZ BLVD
SUITE 308
BROOKSVILLE FL 34613
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7971 CHAUCER DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
7971 CHAUCER DRIVE
 Suite, Apt. #, etc.

City & State
SPRING HILL, FL
 Zip
34607
 Country

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SPRING HILL, FL
 Zip
34607
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4. FEI Number
59-3207827

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HASBACH, C M
11373 CORTEZ BLVD
SUITE 303
BROOKSVILLE FL 34613

7. Name and Address of New Registered Agent

Name
HASBACH, C M
 Street Address (P.O. Box Number is Not Acceptable)
7971 CHAUCER DRIVE
 City
SPRING HILL **FL** Zip Code
34607

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 *Ben Hasbach*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-02

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, 2002 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	D HASBACH, C M 11373 CORTEZ BLVD, SUITE 308 BROOKSVILLE FL 34613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASBACH, C M 7971 CHAUCER DRIVE SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Ben Hasbach*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02 **352**
279-3139
 Date Daytime Phone #

CR2E034 (9/01)