

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000076121

1. Entity Name

GEORGE D. HABER, M.D., P.A.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90061 002 ***150.00

Principal Place of Business

Mailing Address

729 PINE STREET
MACON GA 31201
US

729 PINE STREET
MACON GA 31201
US

2. Principal Place of Business

3. Mailing Address

530 BRACKENWOOD Place 530 Brackenwood Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0474442

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

HOUGH, J. RANDY CPA
1601 BELVEDERE ROAD
SUITE 110 EAST
WEST PALM BEACH FL 33406

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, 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 PST
NAME HABER, GEORGE D
STREET ADDRESS 729 PINE STREET
CITY-ST-ZIP MACON GA 31201

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

GEORGE HABER 1/8/01 9124764700

CR2E034 (10/00)