

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007593

1. Entity Name

PROGRESSIVE HEALTH OF SARASOTA COUNTY, INC.

Principal Place of Business

4836 FLAMING RD
TAMPA FL 33611
US

Mailing Address

4836 FLAMINGO RD
TAMPA FL 33611-1012
US

2. Principal Place of Business

23A 9th St. S

Suite, Apt. #, etc.

3. Mailing Address

23A 9th St. S.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33705

Country

USA

Zip

33705

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBBER, ANDREW R
4836 FLAMINGO RD
TAMPA FL 33611

Name

Andrew R. Webber

Street Address (P.O. Box Number is Not Acceptable)

23A 9th St. S.

City

St. Petersburg

FL

Zip Code

33705

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)

4/23/00

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	PD	<input type="checkbox"/> Delete
NAME	WEBBER, ANDREW R	
STREET ADDRESS	4836 FLAMINGO RD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WEBBER, ELEANOR J	
STREET ADDRESS	4909 S. WESTSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL 33611	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew R. Webber	
STREET ADDRESS	23A 9th St. S.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eleanor J. Webber	
STREET ADDRESS	23A 9th St. S.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
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

4/23/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90268 001 ***600.00

CR2E034 (9/99)