

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90088 033 \*\*\*150.00

**DOCUMENT # P94000011105**

**1. Entity Name**  
**FIRST COAST OBSTETRICS ASSOCIATES, P.A.**

**Principal Place of Business**

**2005 SALT MYRTLE LN  
 ORANGE PARK FL 32003**

**Mailing Address**

**2005 SALT MYRTLE LN  
 ORANGE PARK FL 32003**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number 59-3224795**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**POWERS, ROBERT R JR.  
 2005 SALT MYRTLE LN  
 ORANGE PARK FL 32003**

**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**  **Richard A. McCauley Sect/Treas.** **1/21, 2002**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **P** ☐ Delete  
**NAME** **POWERS, ROBERT R JR.**  
**STREET ADDRESS** **2005 SALT MYRTLE LN**  
**CITY-ST-ZIP** **ORANGE PARK FL 32003**

**TITLE** **V** ☒ Delete  
**NAME** **BAZLEY, ROBERT D**  
**STREET ADDRESS** **1355 MAHAMA BLUFF**  
**CITY-ST-ZIP** **GREEN COVE SPRINGS FL 32043**

**TITLE** **V** ☐ Delete  
**NAME** **LIN, M.S.**  
**STREET ADDRESS** **1605 KINGSLEY AVE**  
**CITY-ST-ZIP** **ORANGE PARK FL 32073**

**TITLE** ☐ Delete  
**NAME** **ST**  
**STREET ADDRESS** **MCCAULEY, RICHARD A**  
**CITY-ST-ZIP** **1895 KINGSLEY AVE**  
**ORANGE PARK FL 32073**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ 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:**  **Richard A. McCauley 904-264-5607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**January 21, 2002**

Daytime Phone #

CR2E034 (9/01)