

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90015 028 ***150.00

DOCUMENT # P94000016419

1. Entity Name

BRUCE D. SHEPHARD, M.D., P.A.

Principal Place of Business

Mailing Address

**4201 CARROLLWOOD VILLAGE DR.
TAMPA FL 33624**

**4201 CARROLLWOOD VILLAGE DR.
TAMPA FL 33614-8366**

908072



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4302 N. Habana Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

300

City & State

City & State

TAMPA, FL

4. FEI Number

59-3226151

Applied For

Not Applicable

Zip

Country

Zip

Country

33607

NIUE

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

**SHEPHARD, BRUCE D
4201 CARROLLWOOD VILLAGE DRIVE
~~SUITE 2500~~
TAMPA FL 33624**

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, 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 **D** ☐ Delete
NAME **SHEPHARD, BRUCE D**
STREET ADDRESS **4201 CARROLLWOOD VILLAGE DR.**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Bruce D. Shephard

Bruce D. Shephard

Date

Daytime Phone #

1/3/00 813-8762496