

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000031622**

1. Entity Name

DONNA H. KLEBAN, M.D., F.A.C.S, P.A.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90371 029 ***150.00

Principal Place of Business

**13948 ISHNALA CIRCLE
WELINGTON FL 33414
US**

Mailing Address

**13948 ISHNALA CIRCLE
WELINGTON FL 33414-7805
US**

BUU15572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0483020**

Applied For

Not Applied For

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

**KLEBAN, DONNA H M.D.
13948 ISHNALA CIRCLE
WELINGTON FL 33414**

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **KLEBAN, DONNA H.**
STREET ADDRESS **122440S SAG HARBOR CT**
CITY-ST-ZIP **WEST PALM BEACH FL**TITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donna H. Kleban, M.D., P.A. **Donna H. Kleban, M.D., P.A.** 2-2-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-996-5251