

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000059585

1. Entity Name

UNIVERSITY PAIN THERAPY, P.A.

Principal Place of Business

Mailing Address

3500 E. FLETCHER  
STE 121  
TAMPA FL 33613  
US

730 S STERLING AVE  
302  
TAMPA FL 33609-4542  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3260110

Applied For

Not Applicable

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

*misspelled*  
~~GUY~~ SWURTZ, J.D. DEPT. OF ANESTHESIOLOGY  
3100 E. FLETCHER AVE  
TAMPA FL 33613

Name

Gary Swartz

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

*Gary Swartz*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

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  
NAME GREENBERGER, ROBERT A  
STREET ADDRESS 3100 E FLETCHER AVE  
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE D  
NAME LONG, FRANK  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL 33613

☒ Delete

TITLE VP  
NAME GLIANETTI, RICHARD  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D  
NAME SILVER, RICHARD B  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE P  
NAME BECKENSTEIN, CHARLES R  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE ST  
NAME LONGBOTTOM, WARD G  
STREET ADDRESS 3100 E FLETCHER AVE.  
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Vice President  
John Warren  
3100 E. Fletcher Ave  
Tampa, FL 33613

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Director

☒ Change

☐ Addition

TITLE  
NAME  
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

3/14/00

Date

813-971-3991

Daytime Phone #

CR2E034 (9/99)