

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062078

1. Entity Name

STEVENSON & ASSOCIATES PHYSICAL THERAPY, INC.

FILED

Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90096 001 ***150.00

Principal Place of Business

Mailing Address

4417 SE 16TH PLACE
UNIT 12
CAPE CORAL FL 33904
US

4417 SE 16TH PLACE
UNIT 12
CAPE CORAL FL 33904-7471
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0513636

Applied For

Not Applicable

Zip

Country

Zip

Country

33904-7471

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

STEVENSON, ERIC
16681-104 MCGREGOR BLVD SW
FORT MYERS FL 33908

Name Stevenson, Eric

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

15620 MCGREGOR BLVD UNIT 12

Fort Myers

City

FL

Zip Code

33908

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

Mary K Festian

(NOTE: Registered Agent signature required when reinstating)

3/6/2000

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 PS
NAME STEVENSON, ERIC
STREET ADDRESS 4417 SE 16TH PLACE UNIT 12
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE PS
NAME Stevenson, Eric
STREET ADDRESS 4417 SE 16TH Place Unit 12
CITY-ST-ZIP Cape Coral FL 33904-7471 ☐ Change ☒ Addition

TITLE VPT
NAME FESTIAN, MARY K.
STREET ADDRESS 4417 SE 16TH PLACE UNIT 12
CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete

TITLE VPT
NAME Festian, Mary Kaye
STREET ADDRESS 4417 SE 16TH Place Unit 12
CITY-ST-ZIP Cape Coral, FL 33904-7471 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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, without other like empowered.

SIGNATURE:

Mary K Festian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

Date

Daytime Phone #

CR2F034 (9/99)