

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069056

1. Entity Name

ELIZABETH H. LOWE, M.D., P.A.

Principal Place of Business

~~GULF COAST MEDICAL CENTER~~

~~11520 US HWY 10~~

~~NEW PORT RICHEY FL 34653~~

7530 Congress ST
NOR FLA 34653

Mailing Address

8712 CESSNA DR

NEW PORT RICHEY FL 34654

2. Principal Place of Business

ELIZABETH LOWE MD

Suite, Apt. #, etc.

7530 Congress ST

City & State

NEWPORT, FLORIDA

Zip

34653

Country

3. Mailing Address

ELIZABETH LOWE MD

Suite, Apt. #, etc.

7530 Congress ST

City & State

NEWPORT RICHEY, FLORIDA

Zip

34653

Country

FILED
00 OCT 20 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3263356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWE, ELIZABETH H

8712 CESSNA DR

NEW PORT RICHEY FL 34654

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

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

TITLE DP
NAME LOWE, ELIZABETH H
STREET ADDRESS 8712 CESSNA DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

☐ Delete

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

900003441459-0
-10/26/00--01119--002
****\$550.00 ****\$550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

SP

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

DATE

DAYTIME PHONE #

CFE034, 15/00

Elizabeth Lowe, M.D.
Family Practice

October 17, 2000

Division of Corporations
Attn: Stacy Prather
PO Box 6327
Tallahassee, Florida 32314

Re: Ref. #P94000069056

Dear Ms. Prather,

Enclosed are the original 2nd Notice UBR and my payment of \$550.00.

Please review the claim for late filing. These documents had been originally mailed from the post office and were post marked September 12, 2000.

I would appreciate any assistance you could provide in reinstating the corporation. Please notify me if you need any additional information from me.

Thank you in advance for your assistance with this matter.

Sincerely,



Elizabeth H. Lowe, M.D.

EHL:cl

enc