

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079039

1. Entity Name

~~MANAGED CARE 2000, INC.~~

TR Barber and Associates, Inc.

Principal Place of Business

Mailing Address

3965 HENDERSON BLVD.
TAMPA FL 33629-5015

3965 HENDERSON BLVD.
TAMPA FL 33629-5015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BARBER, TIMOTHY R
3965 HENDERSON BLVD.
TAMPA FL 33629-5015

4. FEI Number

59-3278649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

OFFICERS AND DIRECTORS

ST- ZIP

PD
BARBER, TIMOTHY R
3965 HENDERSON BLVD.
TAMPA FL

☐ Delete

ST- ZIP

VP
WEINGART, MARGARET
3965 HENDERSON BLVD.
TAMPA FL

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ST- ZIP

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ST- ZIP

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ST- ZIP

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ST- ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST- ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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
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 12.

SIGNATURE:

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90020 044 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)