

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90018-011-\$150.00-\$150.00

DOCUMENT # **P94000091167**

1. Entity Name

BARTOW MEDICAL CLINIC PA

FILED

00 SEP 29 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00085240

Principal Place of Business
2020 Flamingo Drive
Bartow, FL 33830Mailing Address
2020 Flamingo Drive
Bartow, FL 33830

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
59-3282848Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Saunders, Alicia
2020 Flamingo Drive
Bartow, FL 33830

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 of registered agent and fee if applicable.

(NOTE: registered Agent signature required when registering)

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIPPST
Saunders, Alicia
2020 Flamingo Drive
Bartow, FL 33830☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPST
Saunders, Alicia
2020 Flamingo Drive
Bartow, FL 33830☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
Saunders, Alicia
2020 Flamingo Drive
Bartow, FL 33830☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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:

Alicia Saunders

(863) 533-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Define Pages 4

CR225094 (8/99)

Gulfcoast Accounting and Tax Services, Inc. *pg 2 of 4*

7777 Seminole Boulevard
Second Floor
Seminole, Florida 33772
(727) 391-9918 / FAX: (727) 397-0435

September 6, 2000

COPY

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Bartow Medical Clinic, P.A.
Saunders & Ravelo, Inc.

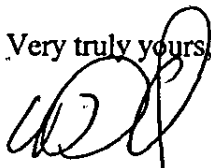
Gentlemen:

Enclosed is a copy of our correspondence dated August 8, 2000 requesting blank copies of the Florida 2000 Uniform Business Report (UBR) on behalf of our above referenced clients. Our clients never received the preprinted reports from your office.

The forms have been completed, signed and have checks attached and are enclosed with this correspondence. We would appreciate the Division abating any penalties since the original forms were never received.

Your cooperation in this matter is appreciated.

Very truly yours,



William D. Gable, Jr.

WDG/wl

Enclosure

cc: Dr. Alicia Saunders

Gulfcoast Accounting and Tax Services, Inc.

pg 394

7777 Seminole Boulevard
Second Floor
Seminole, Florida 33772
(727) 391-9918 / FAX: (727) 397-0435

August 8, 2000

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

COPY

Re: Bartow Medical Clinic, P.A.
Saunders & Ravelo, Inc.

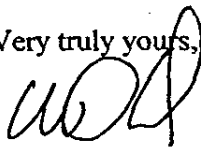
Gentlemen:

The above referenced clients have not received the 2000 Uniform Business Report (UBR) and we are concerned that the filing date has passed.

We would appreciate your office sending copies so that our clients may file the required reports with the appropriate state office.

Your cooperation in this matter is appreciated.

Very truly yours,



William D. Gable, Jr.

WDG/wl

cc: Dr. Alicia Saunders

Gulfcoast Accounting and Tax Services, Inc.

pg 4 of 4

7777 Seminole Boulevard
Second Floor
Seminole, Florida 33772
(727) 391-9918 / FAX: (727) 397-0435

September 26, 2000

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Bartow Medical Clinic, P.A.
Re No. P94000091167

Gentlemen:

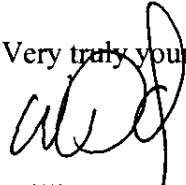
The above referenced Florida corporation is in receipt of your correspondence dated September 13, 2000, concerning it's filing of it's annual report for 2000.

Also enclosed is our correspondence as the accountants for the corporation concerning the fact that Bartow Medical Clinic, P.A. had not received the 2000 Uniform Business Report (UBR) and our concern that it had not received the preprinted report for the State of Florida. This was discovered in our review of the corporate records and we immediately requested forms for filing from the Division of Corporations.

Also enclosed is a copy of our correspondence that was enclosed with the completed UBR. Since the corporation never received the forms for filing and we immediately, upon discovery, requested forms to be in compliance, we are requesting that any late filing fees be abated.

Your consideration in this matter is appreciated.

Very truly yours,



William D. Gable, Jr.

WDG/wl

Enclosure

cc: Dr. Alicia Saunders