

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007744

1. Entity Name

FAMILY MEDICINE WALK-IN CLINIC, P.A.

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

03-02-2000 90069 039 ***150.00

Principal Place of Business

901 E. SECOND ST
SANFORD FL 32771
US

Mailing Address

223 E. WINTER PK ST
ORLANDO FL 32771-2101

2. Principal Place of Business

3. Mailing Address

3491 S. mellonville Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SANFORD FL

City & State

City & State

FLORIDA

Zip

Country

32773

Country

Seminole

4. FEI Number

59-3291810

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

BARBER, ALVAN W
223 E. WINTER PK ST
ORLANDO FL 32804

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 \$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	VT	<input type="checkbox"/> Delete
NAME	BARBER, SHEELAGH	
STREET ADDRESS	223 E. WINTER PK ST	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	P	<input type="checkbox"/> Delete
NAME	BARBER, ALVAN	
STREET ADDRESS	223 E. WINTER PARK STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	← Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3491 S. mellonville Ave	
CITY-ST-ZIP	SANFORD FL. 32773	
TITLE	← Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3491 S. mellonville Ave	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (9/99)