

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053956

1. Entity Name

ROBERTA M. KILLEEN, M.D., P.A.

(R)

FILED
Aug 16, 2000 8:00 am
Secretary of State

08-16-2000 90005 020 ***150.00

Principal Place of Business

5340 GULF DR., SUITE 105-C
NEW PORT RICHEY FL 34652

Mailing Address

5340 GULF DR., SUITE 105-C
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2520 US Hwy 19
Suite, Apt. #, etc.
HOLIDAY FLORIDA
City & State

3. Mailing Address

2520 US Hwy 19
Suite, Apt. #, etc.
HOLIDAY FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3323837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip
34691

Country
USA

Zip
34691

Country
USA

6. Name and Address of Current Registered Agent

KILLEEN, ROBERTA M M.D.
5340 GULF DR., SUITE 105-C
NEW PORT RICHEY FL 34652

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

R. Killeen

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
KILLEEN, ROBERTA M
4548 BARSDALE DR.
PALM HARBOR FL 34685

☐ Delete

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
☐ Delete

TITLE
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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, with all other like empowered.

SIGNATURE:

R. Killeen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment DO# P95060653956
D0079312



2520 U.S. HWY 19 • Holiday, FL 34691
TEL. (727) 934-6905 • FAX (727) 934-4045

August 11, 2000

Division of Corporations
Uniform Business Report Filing
P.O. Box 6327
Tallahassee, FL 32314

Re: UBR filing for the year 2000

Dear Sir/Madam:

Please be advised that we did not receive our UBR until this week. We moved our office in December 1999 and informed all local/state/federal agencies of this change. However, we never received our UBR. This week it was delivered to us from our old address by the new tenants (we are assuming the first mailing was either destroyed or thrown away by them). As you can see by the address label, it has the wrong address.

We called your office today and we were told to mail in a check for \$150.00 with a letter of explanation. We have enclosed our report, a check and a copy of the mail label.

Thank you for your assistance.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "R Killeen".

Roberta M. Killeen, M.D.
Laboratory Medical Director

RMK/lsm
Enclosures