

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000069448

1. Entity Name

GEORGE C. FAUGL, JR., P.A.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90045 029 \*\*\*150.00

Principal Place of Business

Mailing Address

8903 REGENTS PARK DR  
 STE 110  
 TAMPA FL 33647  
 US

8903 REGENTS PARK DR  
 STE 110  
 TAMPA FL 33647-3083  
 US

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

59-3335667

Applied For

Not Applicable

5. 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

GEORGE C. FAUGL, JR.  
 19651 BRUCE B. DOWNS BLVD  
 SITE E6-4  
 TAMPA FL 33647

Name GEORGE C. FAUGL, JR.

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

8903 REGENTS PARK DR.

SUITE 110

City TAMPA

**FL**

Zip Code 33647

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

*George C. Faugl, Jr.*

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  Delete  
 NAME **P GEORGE C. FAUGL, JR.**  
 STREET ADDRESS **19651 BRUCE B. DOWNS BLVD**  
 CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
 NAME **P GEORGE C. FAUGL, JR.**  
 STREET ADDRESS **8903 Regents PARK DR. suite 110**  
 CITY-ST-ZIP **TAMPA, FL 33647**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*George C. Faugl, Jr.* **GEORGE C. FAUGL JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000  
 Date

(813) 991-7957  
 Daytime Phone #

CFR2E034 (9/99)