

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090174

1. Entity Name

JENNINGS B. JOYE, D.O. P.A.

Principal Place of Business

Mailing Address

2841 EXECUTIVE DRIVE, SUITE 220  
CLEARWATER FL 34622

2841 EXECUTIVE DRIVE, SUITE 220  
CLEARWATER FL 33762-2207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3344176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

33762

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GASSMAN, ALAN S ESQ.  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 34616

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

TITLE DP  
NAME JOYE, J.B.  
STREET ADDRESS 2841 EXECUTIVE DRIVE, SUITE 220  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE S  
NAME PEVZNER, MICHAEL  
STREET ADDRESS 2841 EXECUTIVE DR SUITE 220  
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/3/00 (727)-572-4038

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90030 011 \*\*\*150.00

00003740



DO NOT WRITE IN THIS SPACE