

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000000668**1. Entity Name
**ALAN R. SCHNEIDER LAUDERDALE UROLOGY ASSOCIATES, M.D.,
P.A.**Principal Place of Business
5601 N. DIXIE HIGHWAY
SUITE 320
FT. LAUDERDALE FL 33334
Mailing Address
5601 N. DIXIE HIGHWAY
SUITE 320
FT. LAUDERDALE FL 333342. Principal Place of Business
5601 N. DIXIE HIGHWAY
3. Mailing Address
5601 N. DIXIE HIGHWAYSuite, Apt. #, etc.
SUITE 107
Suite, Apt. #, etc.
SUITE 107City & State
FT. LAUDERDALE FL
City & State
FT. LAUDERDALE FLZip
33334
Country
Country
Zip
33334
Country4. FEI Number
65-0630044
Applied 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**SCHNELDEZ ALAN R**
5601 N. DIXIE HWY #320

FORT LAUDERDALE FL
33334 US**7. Name and Address of New Registered Agent**Name
SCHNEIDER ALAN R
Street Address (P.O. Box Number is Not Acceptable)
5601 N. DIXIE HWY

SUITE 107
City
FORT LAUDERDALE FL Zip Code
33334

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 **ALAN R. SCHNEIDER****01/24/2001**

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, 2001 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**

TITLE	D	Delete
NAME	SCHNEIDER ALAN RMD	<input type="checkbox"/>
STREET ADDRESS	5601 N. DIXIE HIGHWAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	Change	Addition
NAME	SCHNEIDER ALAN RMD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	5601 N. DIXIE HIGHWAY SUITE#107		
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: ALAN R. SCHNEIDER**PRES 01/24/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)