

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011957

1. Entity Name

ALFREDO E. GONZALEZ, M.D., P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90081 031 ***150.00

Principal Place of Business

Mailing Address

201 N LAKEMONT AVE
SUITE 2100
WINTER PARK FL 32792-3208

5325 CYPRESS RESERVE PL
WINTER PARK FL 32792-9428
US

2. Principal Place of Business

3. Mailing Address

201 N. LAKEMONT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2100

City & State

City & State

WINTER PARK, FL

Zip

Country

Zip

32792-3208

Country

4. FEI Number

59-3369175

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

GONZALEZ, ALFREDO E

5325 CYPRESS RESERVE PL
WINTER PARK FL 32792

Name

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

201 N. LAKEMONT AVE

SUITE 2100

City

WINTER PARK

FL

Zip Code

32792-3208

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

x 4/21/2000

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 D
STREET ADDRESS GONZALEZ, ALFREDO E
CITY-ST-ZIP 5325 CYPRESS RESERVE PL
WINTER PARK FL 32792

TITLE ☐ Change ☒ Addition
NAME P
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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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/21/2000 x 407
645 2737

Date

Daytime Phone #

CR2E034 (9/99)