

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022802

1. Entity Name

FOCUSED MANAGEMENT, INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90069 014 \*\*\*150.00

Principal Place of Business

Mailing Address

1235 SAN MARCO BLVD.  
 JACKSONVILLE FL 32207

1235 SAN MARCO BLVD.  
 JACKSONVILLE FL 32207-8554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3373003

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOWDEN, FRANK III MD  
 1235 SAN MARCO BLVD.  
 STE. 404  
 JACKSONVILLE FL 32207

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 ☐ Delete  
 NAME BOWDEN, FRANK III  
 STREET ADDRESS 1235 SAN MARCO BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE DV ☐ Delete  
 NAME COLUCCELLI, GERALD A MD  
 STREET ADDRESS 1235 SAN MARCO BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Delete  
 NAME LEVENSON, JEFFREY H MD  
 STREET ADDRESS 1235 SAN MARCO BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Delete  
 NAME SIMMONS, RICHARD L  
 STREET ADDRESS 1235 SAN MARCO BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE T/S ☐ Delete  
 NAME SEEMAN, NAOMI  
 STREET ADDRESS 1235 SAN MARCO BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Delete  
 NAME SHMUNES, NEIL MD  
 STREET ADDRESS 1235 SAN MARCO BLVD.  
 CITY-ST-ZIP JACKSONVILLE FL 32207

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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: ✓

*Signature of Frank III Bowden*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-00

Date

(904) 393-2020

Daytime Phone #

CR2E034 (9/99)