

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032398

1. Entity Name

CAROLINE MAZELIN, P.A.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90045 005 ***150.00

Principal Place of Business

Mailing Address

4894 OAK RUN DR
SARASOTA, FL 34243

4071 BEE RIDGE RD.
SARASOTA, FL 34233

2. Principal Place of Business

3. Mailing Address

4852 POST POINTE DR.

4852 POST POINTE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL 34233

4. FEI Number

65-0658797

Applied For

Not Applicable

Zip

34233

Country

US

Zip

34233

Country

US

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

ROY S. MAZELIN
4894 OAK RUN DR.
SARASOTA, FL 34243

Name

ROY S. MAZELIN

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

4852 POST POINTE DR.

City

SARASOTA

FL

Zip Code

34233

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

Roy S. Mazelin
Signature, typed or printed name of registered agent and title if applicable

ROY S. MAZELIN, TREASURER

3/22/2000

(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)

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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

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAZELIN, CAROLINE M 4894 OAK RUN DR. SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAZELIN, CAROLINE M. 4852 POST POINTE DR. SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MAZELIN ROY S. 4894 OAK RUN DR. SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MAZELIN, ROY S. 4852 POST POINTE DR. SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Roy S. Mazelin
Signature and typed or printed name of signing officer or director

ROY S. MAZELIN

3/22/2000

941-92-4446

Date

Daytime Phone #

CR2E034 (9/99)