

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034080

1. Entity Name

CHRISTOPHER D. TANNER M.D., P.A.

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**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90011 035 \*\*\*150.00

Principal Place of Business

C/O GULFCOAST HOSPITAL/EMR  
449 W 23 STREET  
PANAMA CITY FL 32405

Mailing Address

C/O GULFCOAST HOSPITAL/EMR  
449 W 23 STREET  
PANAMA CITY FL 32405

2. Principal Place of Business

Ft. Walton Beach Medical Center

3. Mailing Address

P.O. Box 6309

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1000 MarWalt Dr.

City & State

Ft. Walton Beach, FL

City & State

Destin, FL

Zip

32547

Country

USA

Zip

32550-6309

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3375378

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

TANNER, CHRISTOPHER D  
449 W 23 STREET  
C/O GULFCOAST HOSPITAL/EMR  
PANAMA CITY FL 32405

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 COE  
NAME TANNER, CHRISTOPHER D.  
STREET ADDRESS 449 W. 23RD ST. C/O EMERGENCY DEPT.  
CITY-ST-ZIP PANAMA CITY FL

☐ Delete

TITLE COE  
NAME  
STREET ADDRESS 1000 MarWalt Dr. c/o Emergency Dept  
CITY-ST-ZIP Ft. Walton Beach, FL 32547

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DT# 1216000034080  
DW7817

To Whom It May Concern

8/8/00

I recently received my Uniform Business Report for 2000 - this is a second request and is to be mailed with a fine for late return. I changed my place of business in June 1999 and the original form was sent to my old place of business - it was not forwarded to me in a timely fashion and the second one was just brought to me by a former co-worker. I am sending the 150\$ to renew my business report and I hoping you will wave the fine (400\$ extra). If there is a problem please let me know.

Thank You

Chris Tanner MD

P.O. Box 6309

Destin, FL 32550-6309

(850) 650 2171