

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90003 026 ***150.00

DOCUMENT # P96000049535

1. Entity Name
FRED E. FRAZIER, O.D., P.A.

Principal Place of Business Mailing Address
721 S. ORANGE BLOSSOM TRL. **721 S. ORANGE BLOSSOM TRL.**
APOPKA FL 32703 **APOPKA FL 32703**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **57-1044696** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, FRED E
721 S. ORANGE BLOSSOM TRL.
APOPKA FL 32703

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	D FRAZIER, FRED E 721 S. ORANGE BLOSSOM TRL. APOPKA FL 32703		

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: *Fred E. Frazier, Pres.* Date: 7/26/00 Daytime Phone #: 352 753 6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

Attachment
p96000049535
00082059

L. A. Jones, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

MAILING ADDRESS
P.O. BOX 1719
LADY LAKE, FL 32158-1719

TELEPHONE (352) 753-8900
FAX (352) 750-3344

PHYSICAL ADDRESS
409 S. OLD DIXIE HWY.
LADY LAKE, FL 32159

August 21, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

re: **Fred E. Frazier, O.D. P.A.**

Gentlemen,

Our client, Fred E. Frazier, O.D. P.A. has advised us that this is the first notice (and form for them to fill out and return) they have received covering the year 2000, and have therefore been unable to complete this task prior to receiving this notice.

We request that the initial price of \$150. for filing earlier be allowed for this client since it was not the fault of our client the initial 2000 Uniform Business Report was either not sent or delivered by the post office. Enclosed is a completed 2000 UBR and a check for \$150.

Please waive the penalty for late filing due to reasonable cause.

Your very truly,

L.A. JONES, P.A.
CERTIFIED PUBLIC ACCOUNTANT


L. Jones, C.P.A.

cc client.