

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051829

1. Entity Name

TROY A. HAMPTON, M.D., P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90207 025 ***150.00

Principal Place of Business

6500 NEWBERRY RD
P.O. BOX 147006
GAINESVILLE FL 32614-7006
US

Mailing Address

8805 SW 44TH LANE
GAINESVILLE FL 32608-4141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3384707

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

HAMPTON, TROY A
8805 S.W. 44TH LANE
GAINESVILLE FL 32608

Name

Hampton, Troy A

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

8805 SW 44th Lane

City

Gainesville

FL

Zip Code

32608

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 NA

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS HAMPTON, TROY A
CITY-ST-ZIP 8805 S.W. 44TH LANE
GAINESVILLE FL 32608

TITLE ☐ Change ☐ Addition
NAME
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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TITLE ☐ Change ☐ Addition
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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:

Troy A. Hampton, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/00

Daytime Phone #

352-333-4955

CR2E034 (9/99)