

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061785

1. Entity Name

CITRUS UROLOGY CENTER, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90053 044 ***150.00

Principal Place of Business

3475 S SUNCOAST BLVD.
HOMOSASSA SPRINGS FL 34448

Mailing Address

3475 S SUNCOAST BLVD.
HOMOSASSA SPRINGS FL 34448

00000001

2. Principal Place of Business

3075 W. Gulf To Lake Hwy
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1420
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lecanto FL

City & State

Lecanto FL

4. FEI Number

59-3387636

Applied For

Not Applicable

Zip

34461

Country

US

Zip

34461

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

DETURE, FRANCIS A MD
609 W. HIGHLAND BLVD.
INVERNESS FL 34452

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D ZELNERONOK, NICHOLAI 3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, THOMAS F 609 W HIGHLAND BLVD. INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DETURE, FRANCIS A 609 W HIGHLAND BLVD. INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESAI, PARESH G 3475 S SUNCOAST BLVD. HOMOSASSA SPRINGS FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)