

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90072 041 ***150.00

0421224

DOCUMENT # P96000090610

1. Entity Name

NICKOLAS J. COLLUCCI, D.O., P.A.

Principal Place of Business

~~1194 MARINER BLVD.~~
~~SPRING HILL FL 34609~~

Mailing Address

~~1194 MARINER BLVD.~~
~~SPRING HILL FL 34609~~

A0033561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5295 LEGEND HILLS LANE

3. Mailing Address

5295 LEGEND HILLS LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number 59-3410731

Applied For

Not Applicable

Zip

34609

Country

USA

Zip

34609

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLUCCI, NICKOLAS J
~~1194 MARINER BLVD.~~
 SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

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

5295 LEGEND HILLS LANE

City

Brooksville

FL

Zip Code

34609

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

TITLE PD
 NAME COLLUCCI, NICKOLAS J ☐ Delete
 STREET ADDRESS ~~1194 MARINER BLVD.~~
 CITY-ST-ZIP ~~SPRING HILL FL 34609~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 5295 LEGEND HILLS LANE
 CITY-ST-ZIP Brooksville FL 34609

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 NAME
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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: Nickolas J. Collucci

NICKOLAS J. COLLUCCI

3/15/01

352-799-8503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)