

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90019 030 ***150.00

DOCUMENT # P96000100696

1. Entity Name
BARBARA A. DRISCOLL RN P.A.

Principal Place of Business
1007 SE FT KING ST
OCALA FL 34471

Mailing Address
1007 SE FT KING ST
OCALA FL 34471

2. Principal Place of Business
3442 SE LAKE WEIR RD.
 Suite, Apt. #, etc.

3. Mailing Address
3442 S. E. LAKE WEIR RD.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OCALA, FL. 34471
 Zip
34471

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OCALA, FL.
 Zip
34471

4. FEI Number **59-3421359**
 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

DRISCOLL, JOHN T
1007 SE FORT KING ST
OCALA FL 34471

Name
 Street Address (P.O. Box Number is Not Acceptable)
3442 S. E. Lake Weir Rd.
 City **Ocala,** **FL** Zip Code **34471**

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 *John T Driscoll*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD DRISCOLL, BARBARA A 1007 SE FORT KING ST OCALA FL 34471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DRISCOLL, JOHN T 1007 SE FT KING ST OCALA FL 34471 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DRISCOLL, BARBARA A. 3442 S.E. Lake Weir Rd. Ocala, Fl. 34471 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DRISCOLL, JOHN T. 3442 S.E. Lake Weir Rd. Ocala, Fl. 34471 <input checked="" 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: *John T Driscoll* **JOHN T DRISCOLL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01 **(352) 622-5664**
 Date Daytime Phone #

CR2E034 (10/00)