

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90158 022 ***150.00

0400234

DOCUMENT # P97000006211

1. Entity Name
WILLIS F. SAGE, JR., DDS, PA

Principal Place of Business
28321 S TAMiami TRAIL, SUITE A4
BONITA SPRINGS FL 34134

Mailing Address
28321 S TAMiami TRAIL, SUITE A4
BONITA SPRINGS FL 34134

00039779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
28331 S Tamiami Tr
 Suite, Apt. #, etc.
B-9

3. Mailing Address
28331 S Tamiami Tr
 Suite, Apt. #, etc.
B-9

City & State
Bonita Springs FL

City & State
Bonita Springs FL

Zip
34134 Country
USA

Zip
34134 Country
USA

4. FEI Number **59-3419100**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAGE, CATHERINE A
3771 CRACKER WAY
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name **Catherine Sage**
 Street Address (P.O. Box Number is Not Acceptable)
22141 LUCKEY LEE LANE
 City **Alva** FL Zip Code **33920**

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 *Catherine Sage* **4/15/01**
 Signature typed or printed name of registered agent and title if applicable **CATHERINE SAGE VT** (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 NAME STREET ADDRESS CITY-ST-ZIP	PSD SAGE, WILLIS F JR 3771 CRACKER WAY BONITA SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SAGE, CATHERINE M 3771 CRACKER WAY BONITA SPRINGS FL	<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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22141 LUCKEY LEE LANE ALVA FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22141 LUCKEY LEE LANE ALVA FL 33920
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
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

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: *Catherine Sage* **4/15/01** **9419474497**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)