

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024569

1. Entity Name  
DAVID I MINKOFF M.D. PA

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-17-2000 90572 045 \*\*\*550.00

Principal Place of Business

404 EDGEWOOD AVE.  
CLEARWATER FL 33755

Mailing Address

129 GARDEN AVE. N.  
CLEARWATER FL 33755

2. Principal Place of Business

404 Edgewood Ave  
Suite, Apt. #, etc.  
Clearwater FL  
City & State

3. Mailing Address

301 Turner St.  
Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33755

Country

US

Country

US

4. FEI Number

59-3435060

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

LETTAR, KATHLEEN E  
C/O PERFECTLY BALANCED BOOKS  
133 GARDEN AVE. N.  
CLEARWATER FL 33755

Name

Lettar, Kathleen E

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

133 Garden Ave. N.

City

Clearwater FL

FL

Zip Code

33755

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D/P	<input type="checkbox"/> Delete
NAME	MINKOFF, DAVID I MD	
STREET ADDRESS	404 EDGEWOOD AVE.	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	minkoff, David I MD	
STREET ADDRESS	301 Turner St.	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-466-6789

CR2E034 (5/00)