

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034038

1. Entity Name
ZELJKA H. KOSTICH, M.D., P.A.

Principal Place of Business
90 SEA WINDS LANE EAST
PONTE VEDRA BEACH FL 32082
US

Mailing Address
90 SEA WINDS LANE E
PONTE VEDRA BEACH FL 32082
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3440532

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

KOSTICH, ZELJKA MD
90 SEA WINDS LANE EAST
PONTE VEDRA BEACH FL 32082

Name
WILLIAM J. MANGINE III

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

320 Osceola Ave

City Jacksonville Beach FL Zip Code 32250

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 William J. Mangine III

(NOTE: Registered Agent signature required when reinstating)

7/24/00 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 P
NAME KOSTICH, ZELJKA MD ☐ Delete
STREET ADDRESS 90 SEA WINDS LANE EAST
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE P.T.S. II ☒ Change ☐ Addition
NAME KOSTICH, ZELJKA MD
STREET ADDRESS 7820B Desert Mountain Cir
CITY-ST-ZIP Bermuda Dunes, CA 92201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZELJKA KOSTICH MD

7/20/00

(700)
360-2039

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90098 001 ***150.00

08-01-2000 90098 002 *****8.75

19105

**TRIPLE
CHECK**

✓Income Tax Service
✓Financial & Insurance Services
✓Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

July 18, 2000

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit corporation Annual Report
Document P97000034038-Zelijka H. Kostich, MD PA

Dear Madam or Sir,

Please see the attached Annual Report for our client referenced above. We are requesting a waiver of the late fee and ask that you accept the enclosed annual report with the full payment of \$150.00.

Dr. Kostich, President of the above Corporation, relocated in early 1999 to California and did not receive the first report for the current registration period. Not all mail reached her through the forwarding process. She notified me as soon as she received the second notice. Dr. Kostich has always been very conscientious about delivering all of her government paperwork to me and paying all yearly fees timely.

Under penalties of perjury, I declare that to the best of my knowledge and belief, the above statement is true and correct.

Thank you for your help with this matter. Please contact me if you have any questions or concerns regarding this matter.

Respectfully,

William J. Mangine III, EA

Enclosures:
Check #101
Check #102
2000 UBR