

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90003 031 ***150.00

DOCUMENT # P97000036855

1. Entity Name
CHERYL DIXON, M.D., P.A.

Principal Place of Business
144 SEA ISLAND DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address
144 SEA ISLAND DRIVE
PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3441585**

Applied For
Not Applicable

Zip Country

Zip Country

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

DIXON, CHERYL M.D.
144 SEA ISLAND DRIVE
PONTE VEDRA BEACH FL 32082

Name

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

City

FL

Zip Code

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 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DIXON, CHERYL M.D.**
STREET ADDRESS **144 SEA ISLAND DRIVE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Cheryl L. Dixon, M.D.* **7/13/01** **904-285-0863**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment
DH#P9700036855
A0078919

Cheryl L Dixon, MD
144 Sea Island Drive
Ponte Vedra Beach, Florida
32082-3734
904-2850863

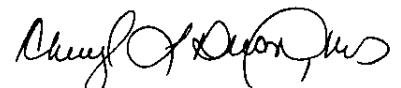
July 13, 2001

Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Harris:

I am writing to you today to request your consideration in waiving the late fee for filing the 2001 Uniform Business Report after May 1, 2001. I was very surprised when I opened the notice I just received stating that my corporation will be dissolved/revoked in 60 days if I did not file by September 12, 2001. I became very distraught when I realized that this report had not been filed. As you can verify by reviewing my filing record, I am very careful to complete and return all reports and documents related to my business in a timely fashion with correct payment when indicated. I have searched my files and have had my CPA do the same and neither of us could locate the original notice. As I am very careful not to discard such documents prior to discussing such action with my accountant, I believe that the original notice either was never sent to me or was lost in the mail. I have discussed this with a very kind individual at your office who suggested that I return the notice with the original fee and attach a letter of explanation. I would be very grateful if you would consider my request. If after reviewing my letter and filing history you feel you cannot waive the late fee, I will certainly send you a check for the remaining balance. Thank you for your time and consideration.

Sincerely,


Cheryl L Dixon, MD