

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039204

1. Entity Name

LEIGHTON A. TAYLOR, M.D., P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90005 010 ***150.00

Principal Place of Business

Mailing Address

2261 N UNIVERSITY DRIVE
SUITE 200
PEMBROKE PINES FL 33024
US

301 SW 85TH WAY
APT 107
PEMBROKE PINES FL 33025-4503
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

GELBER & COMPANY
285 N.W. 199th STREET, #204
MIAMI, FL 33169
305-651-8000

City & State

City & State

4. FEI Number

59-3447925

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

TAYLOR, LEIGHTON A
301 SW 85TH WAY
APT 107
PEMBROKE PINES FL 33025

Name **SAME**

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

2261 N UNIVERSITY DRIVE #200
PEMBROKE PINES, FL. 33024

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TAYLOR, LEIGHTON A**
STREET ADDRESS **301 SW 85TH WAY 107**
CITY-ST-ZIP **PEMBROKE PINES FL 33025**

TITLE ☒ Change ☐ Addition
NAME **TAYLOR, LEIGHTON A**
STREET ADDRESS **2261 N UNIVERSITY DR. #200**
CITY-ST-ZIP **PEMBROKE PINES, FL. 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Leighton A. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/00

Daytime Phone #

954/963-1337

CR2E034 (9/99)