

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-02-2000 90008 001 ***150.00

DOCUMENT # P97000040582

1. Entity Name

ROBERTO S. LLUCH, M.D., P.A.

Principal Place of Business

Mailing Address

1608 MAGDALENE MANOR DRIVE
FL 33511

1608 MAGDALENE MANOR DRIVE
TAMPA FL 33613-1911

810550



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1463 Oakfield Dr.

3. Mailing Address

Suite, Apt. #, etc.
 City & State
 Zip

Suite, Apt. #, etc.

City & State

Brandon FL

Zip

33511

Country

USA

City

Brandon

State

FL

Zip

33511

Country

USA

City

Brandon

State

FL

Zip

33511

Country

USA

City

Brandon

State

FL

Zip

33511

Country

USA

City

Brandon

State

FL

Zip

33511

4. FEI Number **59-3448245**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J
791 WEST LUMSDEN ROAD
BRANDON FL 33511

7. Name and Address of New Registered Agent

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	LLUCH, ROBERTO S	
STREET ADDRESS	1608 MAGDALENE MANOR DRIVE	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Roberto S. Lluch

Date

Daytime Phone #

1/14/00

(813) 654-8916

CR2E034 (9/99)