

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000058884

1. Entity Name

DOUGLAS TERZIGNI, D.O. P.A.

Principal Place of Business

5622 MARINE PARKWAY STE. 15  
NEW PORT RICHEY FL 34652

Mailing Address

5622 MARINE PARKWAY STE. 15  
NEW PORT RICHEY FL 34652-4330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLIDAY, FLORIDA

City & State

HOLIDAY, FLORIDA

Zip

Country

34691

USA

Zip

Country

34691

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3460525

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TERZIGNI, DOUGLAS E  
5622 MARINE PARKWAY STE. 15  
NEW PORT RICHEY FL 34652 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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]*

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90252 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

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851041

From the desk of...

Mrs. Joyce Terzigni

~~Division of Corporations~~  
~~Uniform Business Report Filings~~  
~~P.O. Box 6327~~  
~~Tallahassee, Florida 32314~~

Dear Lisa -

I mailed the enclosed report & check in your envelope in April so that you could receive it before May 1, 2000.

All the mail from my Paris office is being sent to me at my address so that I can pay bills, etc.

Today, May 11, 2000, I went to my mailbox & found your letter returned to me - I have no idea why it was returned to my sons forwarding address & not to his return address that is written on the envelope. He has moved twice since last year

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From the desk of...

Mrs. Joyce Terzigni

and I have made the necessary correction on your form. However, that has nothing to do with where the envelope was addressed to - you have not moved and it was addressed to you, not my son. I am at a complete loss as to explain what happened. I called your office as soon as I found the mail and was told to mail the envelope back to you and write a note of explanation - this I tried to do, but don't understand myself actually. I will try to get an explanation from the post office.

If you have any further questions, please write or call me. Thank you!

Joyce M. Terzigni  
PHONE: 5457 KARLSBURG PLACE  
(727) 942-3299 PALM HARBOR, FLA. 34685