

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90181 033 ***150.00

DOCUMENT # P97000059659

1. Entity Name

FLORIDA HEALTHCARE & BUSINESS CONSULTANTS, INC.

Principal Place of Business

Mailing Address

4539 NEEDLE PALM DR.
NEW PORT RICHEY FL 34652
US

4539 NEEDLE PALM DRIVE
NEW PORT RICHEY FL 34652-4816
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

C0011918

City & State

City & State

4. FEI Number

59-3455487

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

JANEZIC, JOSEPH A
4815 E. BUSCH BOULEVARD
SUITE 113
TAMPA FL 33617

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 PD
NAME LEWIS, GLEN
STREET ADDRESS 4539 NEEDLE PALM DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34652 ☐ Delete

TITLE O
NAME SCHIMIDT, L. PAUL
STREET ADDRESS 55 MARIETTA STREET
CITY-ST-ZIP ATLANTA GA 30303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Delete

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

Glen T. Lewis
Glen T. Lewis

Date

Daytime Phone #

01-22-00 845-8373