

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90499 012 \*\*\*150.00

**DOCUMENT # P97000059659**

1. Entity Name

**FLORIDA HEALTHCARE & BUSINESS CONSULTANTS, INC.**

Principal Place of Business

4539 NEEDLE PALM DR.  
 NEW PORT RICHEY FL 34652  
 US

Mailing Address

4539 NEEDLE PALM DRIVE  
 NEW PORT RICHEY FL 34652  
 US

2. Principal Place of Business

**8223 DANAMAH DR.**

Suite, Apt. #, etc.

3. Mailing Address

**8223 DANAMAH DR.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**New Port Richey, FL**

City & State

**New Port Richey, FL**

Zip

**34653**

Country

**PASCO**

Zip

**34653**

Country

**PASCO**

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

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

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

*Glen T. Lewis Pres. Glen T. Lewis*

*2/19/01*

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, 2001 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 SCHIMDT, L. PAUL  
 STREET ADDRESS 55 MARIETTA STREET  
 CITY-ST-ZIP ATLANTA GA 30303 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 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:

*Glen T. Lewis Pres. Glen T. Lewis*

*2/19/01*

727-375-1531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)