

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085616

1. Entity Name

HARVEY R. LANGE, JR. M.D., P.A.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90020 016 ***150.00

Principal Place of Business

Mailing Address

~~7302 W. OLA AVE~~
~~TAMPA FL 33604-4064~~

~~7302 W. OLA AVE~~
~~TAMPA FL 33604-4064~~

2. Principal Place of Business

3. Mailing Address

450 South Gulfview Blvd
Suite, Apt. #, etc.
1203 S

450 South Gulfview Blvd
Suite, Apt. #, etc.
1203 S

City & State

City & State

Clearwater, FL
Zip
33767

Clearwater, FL
Zip
33767

4. FEI Number

59-3470522

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

LANGE, JR, HARVEY R M.D.
~~7302 W. OLA AVE~~
~~TAMPA FL 33604-4064~~

Name

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

450 South Gulfview Blvd

City

Clearwater

FL

Zip Code

33767

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 PST
NAME LANGE, HARVEY R JR, M.D.
STREET ADDRESS 7302 W. OLA AVE
CITY-ST-ZIP TAMPA FL 33604-4064 ☐ Delete

TITLE PST
NAME LANGE, HARVEY R JR, M.D.
STREET ADDRESS 450 South Gulfview Blvd
CITY-ST-ZIP # 1203 S Clearwater, FL 33767 ☒ 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 ☐ Delete

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:

SIC LANGE, JR, HARVEY R M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)