

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090776

1. Entity Name

STEPHEN F. SCHOLLE, M.D. P.A.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90116 012 \*\*\*150.00

Principal Place of Business

Mailing Address

1190 5TH AVE / 1133 Estero Blvd  
STE 12  
FORT MYERS FL 33931

PO BOX 6970  
FT MYERS BEACH FL 33932-6970

B0002639



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1133 Estero Blvd

Suite, Apt. #, etc.

Suite # 12

City & State

FT. Myers Beach FL

Zip

Country

33931

4. FEI Number 65-0793123

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

SCHOLLE, STEPHEN F M.D.  
1190 5TH AVE  
P O BOX 6970  
FT MYERS BCH FL 33932

Name Stephen F. Scholle, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
1133 Estero Blvd.  
Suite #12  
City FT. Myers Beach FL Zip Code 33931

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	P	<input type="checkbox"/> Delete
NAME	SCHOLLE, STEPHEN F MD	
STREET ADDRESS	1190 FIFTH ST #12	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1133 Estero Blvd Suite #12	
CITY-ST-ZIP	FT. Myers Beach, FL 33931	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 and typed or printed name of signing officer or director: Stephen F. Scholle, MD 1/5/2000

Date

Daytime Phone # 7

CR2E034 (9/99)