

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094145

1. Entity Name

MUTCH & YOZGAT, P.A.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90104 048 ***150.00

Principal Place of Business

Mailing Address

~~2790 NW 43RD ST~~
GAINESVILLE FL 32606

~~POST OFFICE BOX 873~~
~~MAYO FL 32606-6609~~

80007153

2. Principal Place of Business

2114 NW 40th Terr

3. Mailing Address

2114 NW 40th Terrace

Suite, Apt. #, etc.

Suite A-1

Suite, Apt. #, etc.

Suite A-1

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3476449

Applied For
[Not Applicable]

Zip
32605

Country
ALACHUA

Zip
32605

Country
ALACHUA

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

MUTCH, SAMUEL A
~~2790 NW 43RD STREET~~
SUITE 100
GAINESVILLE FL 32606

2114 NW 40th TERR.
SUITE A-1
GAINESVILLE FL 32605

Name

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

2114 NW 40th TERR
SUITE A-1

City

GAINESVILLE

FL

Zip Code

32605

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

Samuel A. Mutch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/2000

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 PD ☐ Delete
NAME MUTCH, SAMUEL A
STREET ADDRESS 2790 NW 43RD STREET
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE PD ☒ Change ☐ Add
NAME SAMUEL A. MUTCH
STREET ADDRESS 2114 NW 40th TERR., SUITE A-1
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE VTD ☐ Delete
NAME YOZGAT, KIM E
STREET ADDRESS 2790 NW 43RD ST
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE VTD ☒ Change ☐ Add
NAME KIM E. YOZGAT
STREET ADDRESS 2114 NW 40th TERR., SUITE A-1
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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:

Samuel A. Mutch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000
Date

(352) 378-5595
Daytime Phone #