

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

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

05-16-2000 90792 022 ***150.00

DOCUMENT # P97000096149

1. Entity Name
PATRICIA L. GILCHRIST, LCSW, P.A.

Principal Place of Business
**20021 BEULE COURT
PORT CHARLOTTE FL 33952
US**

Mailing Address
**P.O. BOX 510534 20021 BEULE COURT
KEY COLONY BEACH FL 33952-1133
PORT CHARLOTTE FL
33952**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0794364**

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

**WRIGHT, THOMAS D
10095 OVERSEAS HIGHWAY
SUITE 10
MARATHON FL 33050**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	☐ Delete
NAME	GILCHRIST, PATRICIA L	
STREET ADDRESS	P.O. BOX 510534 20021 Beule Court	
CITY-ST-ZIP	KEY COLONY BEACH FL 33050 Port Charlotte FL 33952	
TITLE	D	☐ Delete
NAME	GILCHRIST, PATRICIA L	
STREET ADDRESS	P.O. BOX 510534 20021 Beule Court	
CITY-ST-ZIP	KEY COLONY BEACH FL 33050 Port Charlotte FL 33952	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

4/27/00 941-286-5096

CR2E034 (9/99)