

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/10/00-90012-006-\$150.00-\$150.00

083000

1 of 2

DOCUMENT # P97000106498

1. Entity Name

J. MICHAEL HARRIS, M.D., P.A.

FILED

00 AUG 31 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

8800 S TAMiami TRAIL  
SUITE A  
SARASOTA FL 34238

Mailing Address

8800 S TAMiami TRAIL  
SUITE A  
SARASOTA FL 34238

2. Principal Place of Business

1830 S. OSPREY AVE  
Suite, Apt. #, etc.  
A 104

3. Mailing Address

1830 S. OSPREY AVE  
Suite, Apt. #, etc.  
A 104

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0795738

Applied For

Not Applicable

Zip  
34239-3615

Country  
USA

Zip  
34239-3615

Country  
USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, J. MICHAEL M.D.  
8800 S TAMiami TRAIL  
SUITE A  
SARASOTA FL 34238

SARASOTA Medical Bldg  
#104  
1830 S OSPREY AVE  
SARASOTA, FL 34239

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 

(NOTE: Registered Agent signature required when reinstating)

8/7/00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
NAME  
D HARRIS, J. MICHAEL M.D.  
STREET ADDRESS  
CITY-ST-ZIP  
1830 S. OSPREY AVE  
SUITE 104  
SARASOTA FL 34238 34239-3615

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
J. MICHAEL HARRIS M.D. PA  
STREET ADDRESS  
CITY-ST-ZIP  
SARASOTA MEDICAL Bldg #104  
1830 S OSPREY AVE  
SARASOTA FL 34239 3615

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

Date

Daytime Phone #

CR2034 (5/00)

**J. Michael Harris, M. D. P.A.**

*Attachment  
Pg 17000 106 498 2052*

Sarasota Medical Building Suite 104  
1830 South Osprey Avenue  
Sarasota, Florida 34239-3615  
(941) 366-4440

August 23, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

My fee for filing my annual report was mailed to you late because I did not receive the application until the beginning of August. I moved to my new office location last November and there have been some problems with the post office forwarding my mail. I spoke to someone in your office and they said for me to mail the application in with my check of 150.00 and the late fee would be waived. Now I received your letter stating that the report has not been filed and to send an additional \$400.00. I again spoke to someone in your office and they said I must send a letter of explanation. Enclosed please find the corrections to the report and my letter requesting that the late fee be waived.

Sincerely,



J. Michael Harris, M. D. P. A.