

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108191

1. Entity Name

ONCOLOGY INCORPORATED

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90042 018 ***150.00

Principal Place of Business

Mailing Address

238 N WESTMONTE DR
STE 280
ALTAMONTE SPGS FL 32714
US

238 N WESTMONTE DR
STE 280
ALTAMONTE SPGS FL 32714-3364
US

2. Principal Place of Business

3. Mailing Address

2221 Earleaf Court
Suite, Apt. #, etc.

PO Box 953576
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Longwood, FL

Lake Mary, FL

Zip

Country

Zip

Country

32779

Seminole

32795-3576

Seminole

4. FEI Number

59-3483386

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

HACK, EDDY J
2221 EARLEAF CT
LONGWOOD FL 32779

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
HACK, EDDY J
2221 EARLEAF CT
LONGWOOD FL 32779 ☐ Delete

TITLE
NAME
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-00

407-804-1940

CR2E034 (9/99)