

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000131

1. Entity Name

JAMES R. POST, M.D., P.A.

Principal Place of Business

Mailing Address

601 7TH ST. SOUTH  
SUITE 400  
ST. PETERSBURG FL 33701

601 7TH ST. SOUTH  
SUITE 400  
ST. PETERSBURG FL 33701-4704

2. Principal Place of Business

3. Mailing Address

1615 Pasadena Ave South

1615 Pasadena Ave South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

Zip

Country

33707

USA

33707

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POST, JAMES R M.D.  
1615 PASADENA AVENUE SOUTH  
SUITE 300  
ST. PETERSBURG FL 33707

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 ☐ Delete  
NAME D  
STREET ADDRESS POST, JAMES R M.D.  
CITY-ST-ZIP 1615 PASADENA AVENUE SOUTH, SUITE 300  
ST. PETERSBURG FL 33707

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

*James R. Post*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES POST

1/10/00

Date

727-381-9696

Daytime Phone #

FILED  
Jan 21, 2000 8:00 am  
Secretary of State

01-21-2000 90056 025 \*\*\*150.00

C000677C



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3485564

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)