

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012865

1. Entity Name

BEVERLY P. WILCHER, D.O., P.A.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90065 027 ***150.00

Principal Place of Business

Mailing Address

6000 49TH STREET N.
EMERGENCY DEPARTMENT
ST PETERSBURG FL 33709
US

350 2ND STREET N.
UNIT 2
ST. PETERSBURG FL 33701-2984

00011774



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3494178**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RUGGLES, THOMAS W
15340 GULF BLVD.
MADEIRA BEACH FL 33708

Name **BEVERLY P. WILCHER**

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

3415 W. MCKAY AVE

City **TAMPA**

FL Zip Code **33609**

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

Beverly P. Wilcher (president)

1-25-00

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 **PD** ☒ Delete
NAME **WILCHER, BEVERLY P**
STREET ADDRESS **350 2ND ST N #2**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **PD** ☒ Change ☐ Addition
NAME **WILCHER, BEVERLY P**
STREET ADDRESS **3415 W. MCKAY AVE**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Beverly P. Wilcher (president)

Date

Daytime Phone #

1-25-00 (813-876-1400)