

FILED
May 29, 2001 8:00 am
Secretary of State

05-11-2001 90128 022 ***141.25

05-29-2001 90016 010 *****8.75

C0070513

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012865			
1. Entity Name BEVERLY P. WILCHER, D.O., P.A.			
Principal Place of Business 3415 W. MCKAY AVE. TAMPA, FL 33609		Mailing Address SAME	
2. Principal Place of Business 3415 W. MCKAY AVE		3. Mailing Address 3415 W. MCKAY AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33609		Zip 33609	
Country USA		Country USA	
4. FEI Number 59-3494178		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUGGLES, THOMAS W 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756		7. Name and Address of New Registered Agent 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		DATE 4/24/01	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reappointing)	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		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	DIRECTOR BEVERLY P. WILCHER 3415 W. MCKAY AVE TAMPA, FL 33609 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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: Beverly P. Wilcher (director) BEVERLY P. WILCHER			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (11/00)