

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90260 002 ***150.00

DOCUMENT # P98000039190

1. Entity Name
RICHARD SCOTT VANDERBURG, D.O., P.A.



Principal Place of Business
6049 DOCTORS PARK DR
MILTON FL 32570

Mailing Address
6049 DOCTORS PARK DR
MILTON FL 32570

2. Principal Place of Business

6044 Doctors Park Dr

3. Mailing Address

6044 Doctor's Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Milton, FL

City & State
Milton, FL

4. FEI Number **59-3524923**

Applied For
Not Applicable

Zip **32570**

Country

Zip **32570**

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

VANDERBURG, RICHARD SCOTT
~~113 DOCTOR PARK DRIVE~~ 6044 Doctor's Park Drive
MILTON FL 32570

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ **Delete**
NAME **VANDERBURG, RICHARD S**
STREET ADDRESS **113 DOCTOR PARK DR**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **CP** ☒ **Change** ☐ **Addition**
NAME **VanderBurg, Richard S.**
STREET ADDRESS **6044 Doctors Park Dr.**
CITY-ST-ZIP **Milton, FL 32570**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

12. 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 10 or Block 11 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

Date

Daytime Phone #

4/29/03

850-623-4644

CR2E034 (10/02)