

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047846

1. Entity Name

VICENTE C. FLORIDA, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 29 AM 5:44

Principal Place of Business

1309 GARDEN ST
TITUSVILLE FL 32796

Mailing Address

1309 GARDEN ST
TITUSVILLE FL 32796

2. Principal Place of Business

3. Mailing Address

PO Box 339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Titusville, FL

Zip

Country

Zip

Country

32781-0339

USA

4. FEI Number

59-3511913

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

DOWNEY, KEVIN I
2631 NW 41ST ST, STE B-2
GAINESVILLE FL 32606

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME FLORIDA, VICENTE C M.D.
STREET ADDRESS 1309 GARDEN ST
CITY-ST-ZIP TITUSVILLE FL 32796

☐ 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

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

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 empowers.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

September 26, 2000

Attention: Sean Toner
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Mr. Toner:

There has been a delay in filing our Business Report due to a number of reasons. We did not receive the first notice and just received the second notice around the 1st week of September. The change of our office mailing address to P.O. Box 339 Titusville, FL 32781 might have affected the delivery of both notices.

Upon receipt of the second notice, we still needed to mail the form to our Office Accountant for processing and have the form mailed back to our office.

Enclosed is \$150.00 check payment for the fee. Thank you for your consideration.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Vicente C. Florida III M.D.", is written over the typed name.

Vicente C. Florida, III, M.D., P.A.
President/Owner

VCF/af