

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051017

1. Entity Name

THOMAS R. MURRAY, M.D., P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90132 009 \*\*\*150.00

Principal Place of Business

Mailing Address

3101 UNIVERSITY BLVD S.  
STE 105  
JACKSONVILLE FL 32216

P O BOX 19792  
JACKSONVILLE FL 32245-0792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3516797

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

PROM, STEPHEN G  
3100 BARNETT CENTER  
50 N LAURA ST  
JACKSONVILLE FL 32302

Name THOMAS R. MURRAY

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

167 COASTAL OAK CIRCLE

City PONTE VEDRA BEACH FL

Zip Code 32082

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 THOMAS R. MURRAY, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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 PSD  
NAME MURRAY, THOMAS R  
STREET ADDRESS 167 COASTAL OAK CIRCLE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME MURRAY, THOMAS F  
STREET ADDRESS 43 REGINA RD  
CITY-ST-ZIP FARMINGDALE NY 11735

TITLE  
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CITY-ST-ZIP

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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:

THOMAS R. MURRAY, TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00 516-249-0410

CR2E034 (9/99)