

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069562

1. Entity Name

CECILLE A. TAPIA-SANTIAGO, M.D., P.A.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90063 039 ***150.00

Principal Place of Business

Mailing Address

311 N. CLYDE MORRIS BOULEVARD
SUITE 180
DAYTONA BEACH FL 32114

311 N. CLYDE MORRIS BOULEVARD
SUITE 180
DAYTONA BEACH FL 32114-2756

2. Principal Place of Business

415 N. Clyde Morris Blvd
Suite, Apt. #, etc.

3. Mailing Address

415 N. Clyde Morris Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach FL
Zip 32114 Country Volusia

City & State

Daytona Beach FL
Zip 32114 Country Volusia

4. FEI Number

59-3531406

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

TAPIA-SANTIAGO, CECILLE A P.A.
311 N. CLYDE MORRIS BOULEVARD
SUITE 180
DAYTONA BEACH FL 32114

Name

Tapia-Santiago, Cecille A. P.A.

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

415 N. Clyde-Morris Boulevard

City

Daytona Beach

FL

Zip Code

32114

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD TAPIA-SANTIAGO, CECILLE A 311 N. CLYDE MORRIS BOULEVARD DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/00 904-252-5858

CR2E034 (9/99)