

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070302

1. Entity Name

JONATHAN PAUL YUNIS, M.D., P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90051 045 ***150.00

Principal Place of Business

Mailing Address

5741 BEE RIDGE ROAD SUITE 400
SARASOTA FL 34233

5741 BEE RIDGE ROAD SUITE 400
SARASOTA FL 34233-5062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1921 Waldemere St
Suite, Apt. #, etc.
Suite 601

1921 Waldemere St
Suite, Apt. #, etc.
Suite 601

City & State
Sarasota F

City & State
Sarasota FL

4. FEI Number 65-0872231

Applied For
Not Applicable

Zip Country
34239

Zip Country
34239

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

YUNIS, JONATHAN P
5741 BEE RIDGE ROAD SUITE 400
SARASOTA FL 34233

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 \$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 D ☐ Delete
NAME YUNIS, JONATHAN P
STREET ADDRESS 5741 BEE RIDGE ROAD SUITE 400
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1921 Waldemere St Suite 601
CITY-ST-ZIP Sarasota FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

941-957-1700

Daytime Phone #

CR2E034 (9/99)