

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
 05-10-2001 90096 026 \*\*\*150.00

**DOCUMENT # P98000077116**

1. Entity Name  
**CLAUDE J. KENOL, M.D., P.A.**

Principal Place of Business Mailing Address  
**130 9TH ST.,NORTH. STE.150 130 9TH ST.,NORTH. STE.150**  
**NAPLES FL 34102 NAPLES FL 34102**

2. Principal Place of Business 3. Mailing Address  
**4730-A Golden Gate Parkway 4730-A Golden Gate Parkway**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Naples, Florida Naples, Florida**  
 Zip Country Zip Country  
**34116 G.S.A. 34116 USA**

4. FEI Number **65-0862536** 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  
**KENOL, CLAUDE J M.D. Name KENOL, CLAUDE J. M.D.**  
**130 9TH ST.,NORTH. STE.150 Street Address (P.O. Box Number is Not Acceptable)**  
**NAPLES FL 34102 4730-A Golden Gate Parkway**  
 City **Naples** FL Zip Code **34116**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing ☐ **\$5.00** May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENOL, CLAUDE J MD		NAME	KENOL, CLAUDE J. MD	
STREET ADDRESS	130 TAMiami TRAIL N STE 150		STREET ADDRESS	4730-A Golden Gate Parkway	
CITY-ST-ZIP	NAPLES FL 34102		CITY-ST-ZIP	Naples, FL 34116	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Claude J. Kenol **4-25-01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #