

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078712

1. Entity Name

DONCHEY HOLDINGS, INC.

R

FILED

Aug 03, 2000 8:00 am
Secretary of State

05-16-2000 90159 010 ***150.00

Principal Place of Business

Mailing Address

208 MARY ESTER BLVD
SUITE #4
MARY ESTHER FL 32569

208 MARY ESTER BLVD
SUITE #4
MARY ESTHER FL 32569

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

59-3543641

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

WHITNEY, BOBBY L JR
208 MARY ESTER BLVD
SUITE #4
MARY ESTHER FL 32569

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 re-registering)

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
D
DONCEY, STEVEN S
161 MARY ESTHER BLVD STE 208B
MARY ESTHER FL 32569

change →

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Steven Donchey, M.D.
208 Mary Esther Blvd., Suite #4
Mary Esther, FL 32569

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

STEVEN S. DONCHEY, M.D., P.A.

Attachment
Doc # P980000787
001610

107170

DATE
1/31/00

AMOUNT
**150.00

FOR:

STEVEN S. DONCHEY, M.D., P.A.
208 MARY ESTHER BLVD., #4
MARY ESTHER, FL 32569
850-243-5552

SUNTRUST
SunTrust Bank, West Florida
Fort Walton Beach Office
Fort Walton Beach, FL

63-609/632

001610
1610

CHECK NO.

1/31/00

**150.00

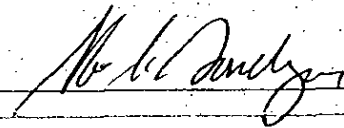
DATE

AMOUNT

One Hundred Fifty And 00/100 Dollars***

PAY
TO THE
ORDER
OF

DEPARTMENT OF STATE



⑈001610⑈ ⑆063206040⑆0458210003549⑈

STEVEN S. DONCHEY, M.D., P.A.

001610
1610

DATE
1/31/00

AMOUNT
**150.00

DEPARTMENT OF STATE

FOR:

Attachment# P98000078712
107170

Steven S. Donchey, M.D.
Internal Medicine • Sports Medicine
(850) 243-5552

July 31, 2000

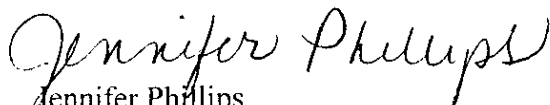
DIVISION OF CORPORATIONS
ANNUAL REPORTS FILING
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500


To Whom It May Concern:

Please find enclosed a copy of 2000 Uniform Business Report. Signature IS Dr. Steven Doncheys signature. It was returned to him stating he is not the current officer/ director of the business, yet he is. There should be no ~~other~~ person/ name on the report. He is the owner of the business and his name appears on all documents. Please indicate why this form has not been processed correctly. A check in the amount of \$150.00 was delivered before April 30, 2000 therefore there should be no late penalty filing charge.

If you have any further questions please do not hesitate to call me at any time. Please note that Dr. Doncheys original signature is at bottom of letter so you may reference the UBR signature. The FEI number in box four does not match for Steven Donchey, M.D. business. The correct FEI number is 59-3249178. Please notify us if we need to make any changes.

Sincerely,


Jennifer Phillips
Office Manager


Steven S. Donchey, M.D.

Attachment # P980000 78112
107170

**HAS, INC.,
D/b/a Corporate Accounting Group
5700 Lake Worth Road, Suite 311
Lake Worth, FL 33463**

Attached are W-2/1099 forms to be disbursed to your employees/sub-
contractors on or before _____ for the _____ year.

Tangible Tax Return: Year _____
Sign, date and mail in attached envelope to:

Gary R. Nikolits, CFA
Palm Beach County Property Appraiser
301 N. Olive Ave. - 5th Floor
West Palm Beach, FL 33401-4793

On or before April 1, _____

Profit Corporation Annual Report Packet: Year 2000

(Donchey Holdings, Inc)

Make check payable to Department of State for \$150.00
Sign, date and mail in attached envelope to:

Division of Corporations
Annual Report Filings
P.O.Box 1500
Tallahassee, FL 32302-1500

On or before April 30, 2000

After May 1, 2000 \$550.00