

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089642

1. Entity Name

ANTHONY J. CAMMACK, M.D., P.A.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90207 002 ***150.00

Principal Place of Business

Mailing Address

~~41 RACETRACK RD.~~
~~SUITE 6384~~
~~FT. WALTON BCH FL 32547~~

2393 BYERS COURT
NAVARRE FL 32566-8687
US

2. Principal Place of Business

8156 NAVARRE PKY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAVARRE, FL

City & State

4. FEI Number

59-3540555

Applied For

Not Applicable

Zip

32566

Country

USA

Zip

Country

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

CAMMACK, ANTHONY J
2393 BYERS COURT
NAVARRE FL 32566

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

Anthony J. Cammack

ANTHONY J. CAMMACK

CAMMACK OF OFFICE ADDRESS 5-1-00

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
DP
CAMMACK, ANTHONY J
2393 BYERS CT.
NAVARRE FL 32566 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: *Anthony J. Cammack* ANTHONY J. CAMMACK 5-1-00 850 936-9665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)