

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096469

1. Entity Name

STEVEN LEE CASE, M.D., P.A.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90079 023 ***150.00

Principal Place of Business

1838 BLUEBONNET WAY
ORANGE PARK FL 32073

Mailing Address

1838 BLUEBONNET WAY
ORANGE PARK FL 34119-4667

2. Principal Place of Business

1168 Goodlette Road N.

3. Mailing Address

1168 Goodlette Road N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples FL

4. FEI Number

59-3546514

Applied For

Not Applicable

Zip

34102

Country

Collier

Zip

34102

Country

Collier

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Christina M. Case

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

1168 Goodlette Road North

City

Naples

FL

Zip Code

34102

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

Christina M. Case

CHRISTINA M. CASE, VICE PRESIDENT

3/23/2000

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

TITLE PD
NAME CASE, STEVEN L MD
STREET ADDRESS 1838 BLUEBONNET WAY
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE VTD
NAME CASE, CHRISTINA M
STREET ADDRESS 1838 BLUEBONNET WAY
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/P
NAME CASE, STEVEN L MD ☒ Change ☐ Addition
STREET ADDRESS 1168 GOODLETTE ROAD N.
CITY-ST-ZIP NAPLES, FL 34102

TITLE V/T/D
NAME CASE, CHRISTINA M ☒ Change ☐ Addition
STREET ADDRESS 1168 GOODLETTE ROAD N.
CITY-ST-ZIP NAPLES, FL 34102

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

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

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

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:

Christina M. Case

CHRISTINA M CASE

3/23/2000

(941) 261 4111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)