

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90006 024 \*\*\*150.00

**DOCUMENT # P98000096469**

1. Entity Name

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

Principal Place of Business

**1168 GOODLETTE RD N  
NAPLES FL 34102**

Mailing Address

**1168 GOODLETTE RD N  
NAPLES FL 34102**

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

**59-3546514**

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

**CASE, CHRISTINA M  
1168 GOODLETTE RD N  
NAPLES FL 34102**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
**PSD  
CASE, STEVEN L MD  
1168 GOODLETTE RD N  
NAPLES FL 34102** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
CASE, CHRISTINA M  
1168 GOODLETTE RD N  
NAPLES FL 34102** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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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☐ Delete

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

**7/17/2001**  
Date

**941261411**  
Daytime Phone #

0096663 AV

CR2E034 (5/01)

Steven L. Case, M.D., P.A.  
Board Certified  
Orthopaedic Surgery  
F.A.A.O.S.

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NAPLES ORTHOPAEDICS  
SPORTS & MEDICINE

ATTACHMENT

1168  
~~1012~~ Goodlette Road  
Naples, Florida 34102  
Office (941) 261-4111  
Fax (941) 261-1444

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Doc# P98000096469  
C0074827

July 17, 2001

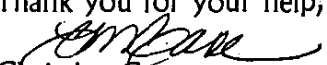
Florida Dept of State  
Division of Corporations

ATTN: UBR Clerk

I spoke with Marie in your office today and she requested that I send this letter along with the form UBR 2001. I explained that I never received a filing notice in January and she said to mail a check for \$150.00 along with the UBR I just received.

I am enclosing a check for \$150.00 and UBR 2001. If you have any questions please contact me at (941) 261-4111.

Thank you for your help,

  
Christina Case  
Vice President  
STEVEN LEE CASE, M.D., P.A.