

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106785

1. Entity Name

JACK B. SHUMATE MD, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90129 004 ***150.00

Principal Place of Business

Mailing Address

731 AIRPORT ROAD SUITE A
PANAMA CITY FL 32405

731 AIRPORT ROAD SUITE A
PANAMA CITY FL 32405-4031

2. Principal Place of Business

3. Mailing Address

100 DOCTORS Drive

100 DOCTORS Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

City & State
PANAMA CITY FL

City & State
PANAMA CITY FL

Zip

Country

Zip

Country

32405

USA

32405

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3562065

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

SHUMATE, JACK B
731 AIRPORT ROAD SUITE A
PANAMA CITY FL 32405

Name-

JACK B. SHUMATE

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

100 DOCTORS Drive

Suite B

City

PANAMA CITY

FL

Zip Code

32405

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

Janet F. Shumate

4-17-00

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
D
SHUMATE, JACK B
2208 WEST 33RD ST.
PANAMA CITY FL 32405 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHUMATE, JANET F
2208 WEST 33RD ST.
PANAMA CITY FL 32405 ☐ Delete

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

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☐ Delete

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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:

Jack B. Shumate

Date

Daytime Phone #

CR2E034 (9/99)