

2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90005-039-\$150.00-\$150.00

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DOCUMENT # P99000016210

1. Entity Name

NORTHEAST FLORIDA GENERAL & INTERNAL MEDICINE, P.A.

FILED

00 OCT 12 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2214 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

Mailing Address

2214 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

2. Principal Place of Business

2214 University Blvd. W.

3. Mailing Address

2214 University Blvd. W.

Suite, Apt. #, etc.

Jacksonville, FL 32217

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32217

Zip

32217

Country

USA

Zip

32217

Country

USA

4. Filing Number

59-3154982

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERRY, NATHAN R JR
2214 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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 13, 2000 Min. 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/05/00

Date

904-448-1605

Daytime Phone #

CR2E034 (5/00)

attach. doc 88

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NORTHEAST FLORIDA GENERAL & INTERNAL MEDICINE

☐ 1301 Monument Rd.
Suite 21
Jacksonville, FL 32225
Office (904) 724-9334
Fax (904) 725-3120

☐ 2214 University Blvd. W.
Jacksonville, FL 32217
Office (904) 733-6729
Fax (904) 448-0639

September 6, 2000.

RE: 2000 UNIFORM BUSINESS REPORT

Dear Sir:

We only received one notice concerning the 2000 Uniform Business Report and it stated Second Notice.

When I phoned (850) 488-9000 yesterday to ask a question concerning the form and the yearly fee I was told that the fee is \$150.00 per year if paid on time. Since we did not receive the initial notice and didn't know to expect one we are asking that we be spared from paying the fine or penalty for this year.

We now know to expect the notice the first of the year and will list it with our first of the year bills and pay it expediently.

We would appreciate any consideration that you can give us in this matter.

Sincerely,



Nathan R. Perry, Jr. M.D.

FEI 59-3154982

~~We do not have access to Internet~~

Dr. Nathan R. Perry, Jr.