

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034618

1. Entity Name

RIVERSIDE FAMILY PRACTICE, P.A.

P99000034618

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 NOV 15 PM 5:25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11841 GRAND ISLES LANE  
FT MYERS FL 33913

11841 GRAND ISLES LANE  
FT MYERS FL 339138372

2. Principal Place of Business

13920 PALM BEACH BLVD

3. Mailing Address

13920 PALM BEACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS FL

City & State

FT. MYERS FL

4. FEI Number

65-0916662

Applied to:

Not Applicable

Zip

Country

33905

USA

Zip

Country

33905

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUTENBACH, PETER  
11841 GRAND ISLES LANE  
FT MYERS FL 33913

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

*Peter Lautenbach*

Signature, typed or printed name of registered agent and date of signature.

(NOTE: Registered Agent Signature required when registering)

4/26/00

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 \$180.00  
After MAY 1, 2000 Fee will be \$580.00  
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
	D	LAUTENBACH, PETER	13920 PALM BEACH BLVD FT MYERS FL 33905	
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:

MEMBERSHIP ROSTER OF OFFICERS AND DIRECTORS IN:					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
			05-16-00 90800 012 \$150.00		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add

*4/26/00*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 its 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.

SIGNATURE: *Peter Lautenbach*

Signature and typed or printed name of signing officer or director

4/26/00 941 694 7885

DATE

Phone Number

(2)

*Don Morgan & Associates, P.A.*  
CERTIFIED PUBLIC ACCOUNTANTS

November 9, 2000

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam:

RE: P99000034618 FEI#65-0916662

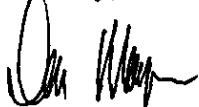
Our client, Riverside Family Practice, P.A., has been advised their Uniform Business Report, which was due May 1, 2000, was filed incorrectly.

We have written to your office on two previous dates when our client was advised their report had not been filed and advised that they had filed their report and enclosed a copy of their canceled check. Your letter of October 30, 2000 was their first notification that their report had been received and was missing their federal tax number, which was an oversight. They were not aware of the error on the form until this time and are enclosing a corrected copy.

Inasmuch as our client was not aware of the form error until now and have followed up on all previous notifications regarding the filing of the return, we are requesting the reinstatement of their corporation and waiving of all fees mentioned in the October 30 letter.

If you have any questions regarding this matter, please do not hesitate to contact us.

Sincerely,



Don E. Morgan, CPA

DEM:pep

Enclosures

cc: Riverside Family Practice, P.A.