

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037147

1. Entity Name

ANDRE LAZ, M.D., P.A.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90035 019 ***150.00

Principal Place of Business

201 8TH ST. SOUTH #304
 NAPLES FL 34102

Mailing Address

201 8TH ST. SOUTH #304
 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

105-0917990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LUCAS, ELAINE
 3363 TAMiami TRAIL NORTH
 NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

ANDRE LAZ

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

201 8th St. SOUTH

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

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 ☐ Delete
 NAME D
 STREET ADDRESS LAZ, ANDRE
 CITY-ST-ZIP 201 8TH STREET SOUTH #304
 NAPLES FL 34103

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/2000

941-263-2808

CR2E034 (5/00)

INTERNAL MEDICINE
CARDIOLOGY

Attachment
011 00900003714
00081482

(941) 263-2808
FAX: (941) 263-2907

NAPLES MEDICAL CENTER, P.A.

André L. Laz, M.D.

Diplomate American Board of Internal Medicine

Baker Center • Suite 304
201 Eighth Street South
Naples, Florida 34102

August 22, 2000

The Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


Dear Sirs:

This is the first time this year that we have received from you notification for the 2000 Uniform Business report. There have been no previous mailings to my office or to the current registered agent.

Accordingly, I am sending you a check for \$150, which would be the registration fee prior to May. If you look over our previous records, you will see that we always file early. This year we could not file early because we did not receive any forms.

Thank you for your consideration.

Sincerely yours,


André L. Laz, M.D.
ALL/ms
Enclosure