

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037854

1. Entity Name

GREENE UROLOGICAL CENTER, P.A.

Principal Place of Business Mailing Address
4215 Quail Nest Lane 4215 Quail Nest Lane
New Smyrna Beach, FL 32168 New Smyrna Beach,
FL 32168

2. Principal Place of Business
261 North Causeway

3. Mailing Address
Post Office Box 1210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Smyrna Beach, FL

City & State
New Smyrna Beach, FL

4. FEI Number
59-3570433

Applied For
Not Applicable

Zip
32169

Country
Volusia

Zip
32170

Country
Volusia

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Greene John E., M.D.
4215 Quail Nest Lane
New Smyrna Beach, FL 32168

7. Name and Address of New Registered Agent

Name
Greene, John E., M.D.
Street Address (P.O. Box Number is Not Acceptable)
261 North Causeway
City New Smyrna Beach FL Zip Code 32169

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

John E. Greene, M.D.
John E. Greene, M.D., President

2 / 01

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, 2001 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

TITLE D ☐ Delete
NAME Greene, John E., M.D.
STREET ADDRESS 4215 Quail Nest Lane
CITY-ST-ZIP New Smyrna Beach, FL 32168

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 P/D ☒ Change ☐ Addition
NAME Greene, John E., M.D.
STREET ADDRESS 261 North Causeway
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE ☐ Change ☐ Addition
NAME 100003746181--0
STREET ADDRESS -02/21/01--01113--002
CITY-ST-ZIP ****300.00 ****300.00

TITLE ☐ Change ☐ Addition
NAME LS
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 form 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:

John E. Greene, M.D.
John E. Greene, M.D., President

2/6/01 (904) 426-2565

Date

Daytime Phone #

FILED

01 FEB 16 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-01 UBR

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.

ATTORNEYS AND COUNSELORS AT LAW

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(407) 428-5109

WRITER'S DIRECT FAX
(407) 423-7107

February 12, 2001

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

ATTENTION: Reinstatements Section

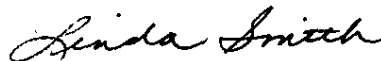
Re: Greene Urological Center, P.A.
Document No. P99000037854

Dear Sir or Madam:

Please find enclosed the **2001 Uniform Business Report** for the above corporation, which was administratively dissolved by your office on September 22, 2000 for failure to file the 2000 Report. Also enclosed is a **check for \$300.00** to cover the 2000 and 2001 filing fees. Our client has advised us that the corporation did not receive the Uniform Business Report form for 2000 or 2001, or notification that the filings were due. Accordingly, we are requesting that the reinstatement fee be waived.

Thank you for your consideration and assistance.

Sincerely,



Linda Smith, Paralegal for
Robert W. Mead, Jr.

ls
Enclosures

cc: John E. Greene, M.D.
Mr. Jimmy Pearsall (with enclosure - UBR)