

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039520

1. Entity Name

TRACY L. BURNEY, M.D., P.A.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90074 006 \*\*\*150.00

Principal Place of Business

3300 W LAKE MARY BLVD  
#100  
LAKE MARY FL 32746  
US

Mailing Address

1201 KENTSHIRE COURT  
HEATHROW FL 32746

975793



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

NONE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3612688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PRYOR, THOMAS E JR  
1221 W. COLONIAL DRIVE, SUITE 102  
ORLANDO FL 32804

Name Gregory WILSON

Street Address (P.O. Box Number is Not Acceptable)  
29 EAST PINE STREET

City ORLANDO

FL

Zip Code 32801

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 X Tracy L. Burney TRACY L. BURNEY 4-29-2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME BURNEY, TRACY L  
STREET ADDRESS 1201 KENTSHIRE COURT  
CITY-ST-ZIP HEATHROW FL 32746

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CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2001

(TRACY L. BURNEY, M.D.) (407) 302-9595