

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -9 PM 6:08

DOCUMENT # 999000043261  
1. Entity Name **BERNO HEALTH CENTER, Inc.**

Principal Place of Business **14260 IROQUOIS AVE  
LARGO, FL 33774**  
Mailing Address **PO BOX 25881  
SANASOTA, FL 34277**

2. Principal Place of Business **14260 IROQUOIS AVE**  
Suite, Apt. #, etc.  
3. Mailing Address **PO BOX 25881**  
Suite, Apt. #, etc.

City & State **LARGO, FL**  
City & State **SANASOTA, FL**  
Zip **33774** Country **USA** Zip **34277** Country **USA**

4. FEI Number ☒ 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  
**WILLIAM A. BERNO  
14260 IROQUOIS AVE  
LARGO, FL 33774**

7. Name and Address of New Registered Agent  
Name **WILLIAM A. BERNO**  
Street Address (P.O. Box Number is Not Acceptable) **14260 IROQUOIS AVE.**  
City **LARGO** State **FL** Zip Code **33774**

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 **William A. Berno** DATE **11/6/2000**  
(NOTE: Registered Agent signature required when reinstating)

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 **PRESIDENT** ☐ Delete  
NAME **WILLIAM A. BERNO**  
STREET ADDRESS **14260 IROQUOIS**  
CITY-ST-ZIP **LARGO, FL 33774**  
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

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: **William A. Berno**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

CR2E034 (5/00)

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BERNO HEALTH CENTER

P.O. Box 25881  
Sarasota, Florida 34277

Dear Division of Corporations:

Thank you for sending me the 2000 Uniform Business Report (UBR). I spoke to a very nice gentleman on the phone when I received a bill for \$550. I told him that I had never received the UBR when it was initially sent to me. When my mother passed away, whom I was taking care of for 10 years at 1504 Beach Trail, Indian Rocks Beach, I moved to Sarasota. I put in a change of address, but the forwarding process must have elapsed when your office sent me the first UBR.

In accordance with my conversation with your office, the officer I spoke with said my penalty has been waved because I did not receive the document at the appropriate time and I should send in \$125.00

Please find enclosed my check number 1087 for \$125.00

Sincerely,

A handwritten signature in black ink, appearing to read "William A. Berno". The signature is fluid and cursive, with a long horizontal stroke at the end.

William A. Berno, A.P.  
Acupuncture Physician