

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043261

1. Entity Name

BERNO HEALTH CENTER, INC.

FILED  
Mar 01, 2001 8:00 am  
Secretary of State

02-15-2001 90001 029 \*\*\*150.00

Principal Place of Business  
14260 IROQUOIS AVE  
LARGO FL 33774

Mailing Address  
P.O. BOX 25881  
SARASOTA FL 34277

2. Principal Place of Business

40 IONIE

3. Mailing Address

Suite, Apt. #, etc.

1241 Fruitville Rd.

City & State

SARASOTA, FL

34236

Country

USA

Zip

Country



DO NOT WRITE IN THIS SPACE

593574095

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERNO, WILLIAM A  
14260 IROQUOIS AVE  
LARGO FL 33774

7. Name and Address of New Registered Agent

Name: BERNO, WILLIAM A.  
\* Street Address (P.O. Box Number is Not Acceptable)  
1241 FRUITVILLE ROAD  
SARASOTA, FL  
City FL Zip Code 34236

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  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/01

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

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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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BERNO, WILLIAM A  
14260 IROQUOIS AVE  
LARGO FL 33774

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1241 FRUITVILLE ROAD  
SARASOTA, FL 34236

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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, A.P. William A. Berno 2/9/01 941-685-5995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/00)