2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State
06-21-2001 90003 045 ***150.00

DOCUMENT # P99000047242

1. Entity Name

Robert R. Weaver III, M.D., P.A.

Principal Place of Business	Mailing Address
4309 S. Blue Water Pt.	4309 S. Blue Water Pt.
Homosassa, Florida 34448	Homosassa, Florida 34448

[redacted] C0072105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4309 S. Blue Water Pt	4309 S. Blue Water Pt
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homosassa, Florida	City & State: Homosassa, Florida
Zip: 34448 / Country:	Zip: 34448 / Country:

4. FEI Number: 59-3590463 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

John A. Nelson
2218 Highway 44 West
Inverness, Florida 34453

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 $150.00 ... 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert R. Weaver III 4309 S. Blue Water Pt. Homosassa, Florida 34448 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Robert R. Weaver III Robert R. Weaver III 4-27-1 (352) 382-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #