

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047383

1. Entity Name

RIDDELL & RIVERO, P.A.

Scott Riddell MD PA

Principal Place of Business

3890 TAMPA ROAD STE. 401
PALM HARBOR FL 34684

Mailing Address

3890 TAMPA ROAD STE. 401
PALM HARBOR FL 34684

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RIVERO, JOSE L JR.
3890 TAMPA ROAD STE. 401
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

Scott Riddell MD

Street Address (P.O. Box Number is Not Acceptable)

3890 Tampa Rd #401

City

Palm Harbor

FL

Zip Code

34684

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

2/1/01

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
Tax filing requirement and elects to do so. 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	P	<input type="checkbox"/> Delete
NAME	RIDDELL, SCOTT MD	
STREET ADDRESS	3290 TAMPA RD STE 401	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RIVERO, JOSE L MD	
STREET ADDRESS	3290 TAMPA RD STE 401	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01

Date

727 7848810

Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90310 038 ***150.00

LUU10500



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3577741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)