

2000 UNIFORM BUSINESS REPORT (UBR)

3/3/00-90261-046-\$150.00-\$150.00

DOCUMENT # P99000054473

1. Entity Name

ANTONY S. WOLLASTON, M.D., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 3:34

Principal Place of Business

Mailing Address

.... WINDING HOLLOW AVE
OCOE FL 34761

510 WINDING HOLLOW AVE
OCOE FL 34761

2. Principal Place of Business

7500 RIVERSIDE DR

Suite, Apt. #, etc.

3. Mailing Address

7500 RIVERSIDE DR

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

33982

Country

City & State

PUNTA GORDA FL

Zip

33982

Country

4. FEI Number

59-3582566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLLASTON, ANTONY S
510 WINDING HOLLOW AVE
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

WOLLASTON, ANTONY S

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

7500 RIVERSIDE DR

City

PUNTA GORDA

FL

Zip Code

33982

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
After MAY 1, 2000 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 President
NAME Antony S. Wollaston
STREET ADDRESS 7500 Riverside Dr
CITY-ST-ZIP Punta Gorda, FL 33982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00

Date

(941) 505-6488

Daytime Phone #

CR2E034 (9/99)