

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058570

1. Entity Name

WILLIAM S. OTTO, M.D., P.A.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90016 021 \*\*\*150.00

Principal Place of Business

125 CRAWFORD BOULEVARD  
BOCA RATON FL 33432

Mailing Address

125 CRAWFORD BOULEVARD  
BOCA RATON FL 33432-3728

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1590 NW 10th Avenue

3. Mailing Address

c/o Marilyn H. Otto, Esquire

Suite, Apt. #, etc.

Suite #201

Suite, Apt. #, etc.

125 Crawford Boulevard

City & State

Boca Raton, Florida 33486

City & State

Boca Raton, Florida 33432

4. FEL Number

#65-0928621

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OTTO, MARILYN H ESQUIRE  
125 CRAWFORD BOULEVARD  
BOCA RATON FL 33432

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**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS OTTO, WILLIAM S M.D.  
CITY-ST-ZIP 1590 N.W. 10TH AVENUE, SUITE #201  
BOCA RATON FL 33486

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 S. OTTO, M.D.

1/7/2000

(561) 368-9800

Date

Daytime Phone #

CR2E034 (9/99)