

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067308

1. Entity Name

MARGARET E. EASTHAM, M.D.,P.A.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90574 017 ***558.75

Principal Place of Business

851 CHALET SUZANNE ROAD
LAKE WALES FL 33853

Mailing Address

851 CHALET SUZANNE ROAD
LAKE WALES FL 33853

2. Principal Place of Business

same as block 1
Suite, Apt. #, etc.

3. Mailing Address

same as block 1
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3589031

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

SPiegel & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Margaret Eastham

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

411 Renee Street

City

Haines City

FL

Zip Code

33844

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

Margaret Eastham

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PSTD
EASTHAM, MARGARET E
851 CHALET SUZANNE ROAD
LAKE WALES FL 33853



TITLE
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☐ 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:

Margaret Eastham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/00

863-679-1818

Date

Daytime Phone #

CR2E034 (5/00)