

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085572

1. Entity Name

KELLY A. SANGREGORY, M.D., P.A.

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90009 023 \*\*\*150.00

Principal Place of Business

Mailing Address

1717 COUNTY ROAD 220  
APARTMENT 3108  
ORANGE PARK FL 32073

1717 COUNTY ROAD 220  
APARTMENT 3108  
ORANGE PARK FL 32073-9114

2. Principal Place of Business

3. Mailing Address

421 Kingsley Ave

421 Kingsley Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 400, Suite 401

Bldg 400, Suite 401

City & State

City & State

Orange Park, FL

Orange Park, FL

Zip

32073

Country

USA

Zip

32073

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1670567

Applied For

Not Applicable

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

SANGREGORY, KELLY A  
1717 COUNTY ROAD 220  
APARTMENT 3108  
ORANGE PARK FL 32073

Name

Sangregory

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 P/V/T  
STREET ADDRESS Kelly S  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Kelly Sangregory  
STREET ADDRESS 1717 CR 220 #3108  
CITY-ST-ZIP Orange Park FL 32073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Daniel Segina  
STREET ADDRESS 1717 CR 220 #3108  
CITY-ST-ZIP Orange Park FL 32073

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  
NAME  
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  
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:

*Kelly Sangregory*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

Daytime Phone #

CR2E034 (9/99)