

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 04, 2000 8:00 am
Secretary of State

03-21-2000 90031 007 ***150.00

DOCUMENT # P99000086640

1. Entity Name

DR. ALICE J. CHRISTOPHER, P.A.

Principal Place of Business

1045 E. OCEAN BLVD. #3
 STUART FL 34996

Mailing Address

1045 E. OCEAN BLVD. #3
 STUART FL 34996-2515

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0399439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RACIN, JOHN A ESQ.
 10570 S. US HWY. ONE, SUITE 300
 PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

10570 S US HWY ONE, SUITE 300
 City PORT St Lucie FL Zip Code 34952

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 ERIC BRUNING ESQ
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

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 D
 NAME CHRISTOPHER, ALICE J
 STREET ADDRESS 1045 E. OCEAN BLVD. #3
 CITY-ST-ZIP STUART FL 34996

☐ Delete

TITLE
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 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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☐ 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: Alice J. Christopher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-1-00

Daytime Phone #

561-220-4945

CR2E034 (9/99)