

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094346

1. Entity Name

CHILD NEUROLOGY CENTER OF NORTHWEST FLORIDA, P.A

Principal Place of Business

224 NORTHCLIFF DRIVE  
GULF BREEZE FL 32561

Mailing Address

224 NORTHCLIFF DRIVE  
GULF BREEZE FL 32561-4440

2. Principal Place of Business

Nemours Children's Clinic  
Suite, Apt. #, etc.

5225 Carmel Heights Dr.

City & State  
Pensacola, FL

Zip  
32504

Country

3. Mailing Address

P.O. Box 459  
Suite, Apt. #, etc.

City & State  
Gulf Breeze, FL

Zip  
32562

Country

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90072 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3605646

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

RENFROE, J. BENJAMIN  
224 NORTHCLIFF DRIVE  
GULF BREEZE FL 32561

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RENFROE, J. BENJAMIN M.D.  
224 NORTHCLIFF DRIVE  
GULF BREEZE FL 32561

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E014 19/99