

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107988

1. Entity Name

JOHN O. MCGOWAN, P.A.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90163 039 \*\*\*150.00

Principal Place of Business

Mailing Address

~~6736 LONE OAK BLVD.~~  
~~NAPLES FL 34109~~

~~6736 LONE OAK BLVD.~~  
~~NAPLES FL 34109~~

2. Principal Place of Business

3227 Horseshoe Drive South

3. Mailing Address

3227 Horseshoe Drive South

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

59-3618651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

34104

USA

Zip

Country

34104

USA

6. Name and Address of Current Registered Agent

MCGOWAN, JOHN O  
~~6736 LONE OAK BLVD.~~  
~~NAPLES FL 34109~~

7. Name and Address of New Registered Agent

Name  
John O. McGowan

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

3227 Horseshoe Drive South

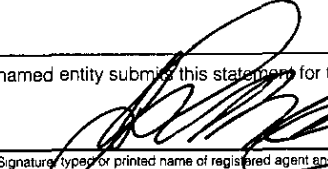
Suite #105

City  
Naples

FL

Zip Code  
34104

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  , John O. McGowan, Registered Agent 4/5/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
MCGOWAN, JOHN O  
~~6736 LONE OAK BLVD.~~  
~~NAPLES FL 34109~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
MCGOWAN, JOHN W  
~~6736 LONE OAK BLVD.~~  
~~NAPLES FL 34109~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
John O. McGowan  
3227 Horseshoe Drive South, #105  
Naples, Florida 34104

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VD  
John O. McGowan  
3227 Horseshoe Drive South, #105  
Naples, Florida 34104

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
John O. McGowan, President/Director

4/5/00

Date

(941) 436-3767

Daytime Phone #

CR2E034 (9/99)