

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111835

1. Entity Name

CRAIG E. MUNGER, M.D., P.A.

Principal Place of Business

403 VONDERBURG DRIVE STE 100  
BRANDON FL 33511

Mailing Address

3942 EDEN ROCK DR W  
TAMPA FL 33634

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MUNGER, CRAIG E  
403 VONDERBURG DRIVE STE 100  
BRANDON FL 33511

7. Name and Address of New Registered Agent

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, 2001 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 PD  
NAME MUNGER, CRAIG E M.D.  
STREET ADDRESS 403 VONDERBURG DRIVE STE 100  
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

TITLE S  
NAME MUNGER, HEATHER B  
STREET ADDRESS 3942 EDEN ROCK DR W  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE T  
NAME MUNGER, WADE DANIEL  
STREET ADDRESS 3942 EDEN ROCK DR W  
CITY-ST-ZIP TAMPA FL 33634 ☐ Delete

TITLE *Sp*  
NAME *Munger Sarah Elizabeth*  
STREET ADDRESS *3942 Eden Rock Circle W*  
CITY-ST-ZIP *Tampa FL 33634* ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Heather Munger*  
Heather Munger

*1/20/2001 (813) 802-9063*  
Date Daytime Phone #

FILED  
Jan 30, 2001 8:00 am  
Secretary of State

01-30-2001 90068 038 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)