

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90352 035 ***150.00

DOCUMENT # S42510

1. Entity Name

THE UNIVERSITY PSYCHOTHERAPY GROUP, P.A.

Principal Place of Business

12210 N 56TH STREET
TAMPA FL 33617
US

Mailing Address

12210 N 56TH STREET
TAMPA FL 33617
US

2. Principal Place of Business

10730 N. 56th Street

3. Mailing Address

10730 N. 56th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

210

210

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33617

USA

33617

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAN, JOSEPH P
12210 N 56TH STREET
SUITE E
TAMPA FL 33617

Name

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

10730 N. 56th Street

Suite 210

City

Tampa

FL

Zip Code

33617

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DPT
STREET ADDRESS CALLAN, JOSEPH P.
CITY-ST-ZIP 12210 N 56TH STREET
TAMPA FL 33617

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10730 N. 56th St., Suite 210
CITY-ST-ZIP Tampa FL 33617

TITLE ☐ Delete
NAME S
STREET ADDRESS FORMAN, JANICE
CITY-ST-ZIP 12210 N 56TH STREET
TAMPA FL 33617

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10730 N. 56th St., Suite 210
CITY-ST-ZIP Tampa FL 33617

TITLE ☐ Delete
NAME V
STREET ADDRESS MYERS, SHIRLEY
CITY-ST-ZIP 12210 N 56TH STREET
TAMPA FL 33617

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10730 N. 56th St., Suite 210
CITY-ST-ZIP Tampa FL 33617

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:

Signature and typed or printed name of signing officer or director

Joseph P. Callan
Director

Date

04-16-01 (813) 980-3488

Daytime Phone #

CR2E034 (10/00)