

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S56948

1. Entity Name

Joel K. Shugar, M.D., P.A.

Principal Place of Business

Mailing Address

555 N. Byron Butler Prky. 555 N. Byron Butler Prky.
Perry, FL 32347 Perry, FL 32347

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 59-3071535

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joel K. Shugar
1211 North Center St.
Perry, FL 32347

Name

Gary S. Shipman

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

215 S. Monroe, Second Floor

City Tallahassee

FL

32301

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

3/23/01

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	P	<input type="checkbox"/> Delete
NAME	Shugar, Joel K.	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE	VS	<input type="checkbox"/> Delete
NAME	Shugar, Michelle C.	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	Bridgeman, Scott	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shugar, Joel K.	
STREET ADDRESS	555 N. Byron Butler Prky.	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

850-222-3533

Daytime Phone #

CR2E034 (11/00)