

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S56998**1. Entity Name
SIEGFRIED K. HOLZ, M.D., P.A.**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90169 008 ***150.00

Principal Place of Business

**5067 LATROBE DR
WINDERMERE FL 34786
US**

Mailing Address

**3830 S. FLORIDA AVE.
LAKELAND FL 33813**

2. Principal Place of Business

3830 S FLORIDA AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

4. FEI Number **59-3278844**

Applied For

Not Applicable

Zip

33813

Country

USA

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****PAGE, THOMAS P ESQ.****200 S. ORANGE AVE.****SUITE 1205****ORLANDO FL 32802****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 *Siegfried K. Holz* **SIEGFRIED K. HOLZ, M.D.**

Signature of registered 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PSD** ☐ Delete
NAME **HOLZ, SIEGFRIED K.**
STREET ADDRESS **5067 LATROBE DR. 5067 LATROBE DR.**
CITY-ST-ZIP **WINDERMERE FL 34786**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PSD** ☒ Change ☐ Addition
NAME **HOLZ, SIEGFRIED K.**
STREET ADDRESS **5067 LATROBE DR**
CITY-ST-ZIP **WINDERMERE, FL 34786**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Siegfried K. Holz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIEGFRIED K. HOLZ**1-22-2001**

Date

863-646-8955

Daytime Phone #

CR2E034 (10/00)