

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69295

1. Entity Name

COLLEGE PARK MEDICAL CENTER, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90217 004 ***150.00

Principal Place of Business

Mailing Address

~~1640 SE 3RD S~~
OCALA FL 34471
US

~~P. O. BOX 4800~~ **4740**
OCALA FL 34478-4740
US

2. Principal Place of Business

3. Mailing Address

1409 E SILVER BLVD
Suite, Apt. #, etc.

P O Box 4740
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OCALA FL

City & State
OCALA FL

4. FEI Number **59-3074592**

Applied For
Not Applicable

Zip
34470

Country
USA

Zip
34478

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRASCAL, IRIS
2480 SW 87 PL RD
OCALA FL 34476

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
HACKETT, DARREL R.
2627 SE 14TH ST
OCALA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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

Date

Daytime Phone #

CR2E034 (9/99)