

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90131 046 \*\*\*150.00

**DOCUMENT # S69792**

1. Entity Name

**BRUCE I. TIMINS, M.D., P.A.**

Principal Place of Business

Mailing Address

609 5TH STREET  
 SUITE 3  
 LIVE OAK FL 32060  
 US

4215 SOUTHPOINT BLVD.  
 SUITE 100  
 JACKSONVILLE FL 32216-6191

2. Principal Place of Business

3. Mailing Address

*P.O. Box 551260*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Jacksonville, FL*

4. FEI Number

**59-3084463**

Applied For

Not Applicable

Zip

Country

Zip

Country

*32255*

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

**SCHNEIDER, MICHAEL N.**  
**4215 SOUTHPOINT BLVD.**  
**SUITE 100**  
**JACKSONVILLE FL 32216**

Name *Michael N. Schneider*  
 Street Address (P.O. Box Number is Not Acceptable) *5150 Belfort Road*  
*Building 100*  
 City *Jacksonville* **FL** Zip Code *32256*

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/15/00*

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	<b>DPTS</b> <b>TIMINS, BRUCE I.</b> <b>609 5TH STREET STE 3</b> <b>LIVE OAK FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/24/00*

Date

*904-755-4514*

Daytime Phone #

CR2E034 (9/99)