

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S71516

1. Entity Name

ASSOCIATED COLON & RECTAL SURGEONS, P.A.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90072 016 ***150.00

Principal Place of Business

Mailing Address

320 N. EDINBURSH

320 N. EDINBURSH

D
WINTER PARK FL 32792
US

D
WINTER PARK FL 32792
US

2. Principal Place of Business

2802 Aloma Ave

3. Mailing Address

2802 Aloma Ave

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

Suite 101

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number 59-3078765

Applied For
Not Applicable

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

TREVISANI, MICHAEL F.
320 N. EDINBURSH
SUITE D
WINTER PARK FL 32792

Name
Michael F. Trevisani

Street Address (P.O. Box Number is Not Acceptable)
2802 Aloma Avenue
Suite 101

City
Winter Park FL Zip Code
32792

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 NAME STREET ADDRESS CITY-ST-ZIP	D TREVISANI, MICHAEL F. 320 N. EDINBURSH DR., STE D WINTER PARK FL 32792	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael F. Trevisani 2802 Aloma Ave Ste 101 Winter Park, FL 32792	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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 #

1/27/01 407 628 1950

CR2E034 (10/00)