

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06927

1. Entity Name

LYNN C. GARNER, M.D. & ASSOCIATES, CHARTERED

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 011 ***550.00

Principal Place of Business

645 N. HIGHWAY 231
PANAMA CITY FL 32405
US

Mailing Address

645 N. HIGHWAY 231
PANAMA CITY FL 32405
US

2. Principal Place of Business

3. Mailing Address

643 N Highway 231
Suite, Apt. #, etc.

643 N Highway 231
Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32405

Country

USA

4. FEI Number

59-3105342

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

GARNER, LYNN C.
645 N. HIGHWAY 231
PANAMA CITY FL 32405

Name LYNN C. GARNER

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

643 N Highway 231

City

Panama City

FL

Zip Code

32405

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.

LYNN C. GARNER

7/11/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME GARNER, LYNN C. M.D.
STREET ADDRESS 645 N. HIGHWAY 231
CITY-ST-ZIP PANAMA CITY FL 32405

☐ Delete

TITLE Garner, Lynn C. M.D.
NAME Garner, Lynn C. M.D.
STREET ADDRESS 643 Highway 231
CITY-ST-ZIP Panama City, FL 32405.

☒ Change
☐ Addition
address only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ 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

7/11/00

Date

850-763-0243

Daytime Phone #

CR2000-14 (5/99)