

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70407

1. Entity Name

PROSTATE CENTER MANAGEMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90289 038 ***150.00

Principal Place of Business

Mailing Address

6002 49TH ST N
ST PETERSBURG FL 33709
US

6002 49TH ST NO
ST PETERSBURG FL 33709-2114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3158676**

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

OLIVE SHARON, J
100 N. TAMPA STREET
SUITE 1800
ST PETERSBURG FL 33709

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	DP	<input type="checkbox"/> Delete
NAME	SCHEUREN, JOHN P	
STREET ADDRESS	1329 MONTEREY BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	JOHNSON JR., ROSS T	
STREET ADDRESS	1011 JEFFORDS STREET	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	YORK, WOODY N	
STREET ADDRESS	1223 ROXMERE RD	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Bergner, Donald M.	
STREET ADDRESS	33920 US 19 N	
CITY-ST-ZIP	Palm Harbor, FL 34684	
TITLE	VD	<input type="checkbox"/> Delete
NAME	La Rosa Jr, William R	
STREET ADDRESS	1011 Jeffords St	
CITY-ST-ZIP	Clearwater, FL 34616	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Gordon, Mark R	
STREET ADDRESS	601 7th Street S	
CITY-ST-ZIP	St Petersburg, FL 33701	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. SCHEUREN

4-26-00 727-521-3695

Date

Daytime Phone #

CR2E034 (9/99)