

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State
 01-28-2000 90148 035 ***150.00

DOCUMENT # V71895

1. Entity Name
BARBARA A. NITSCH, M.D., P.A.

Principal Place of Business Mailing Address
2040 GREY MARE WAY **2040 GREY MARE WAY**
WELLINGTON FL 33414 **WELLINGTON FL 33414-7629**
US **US**

2. Principal Place of Business 3. Mailing Address
12575 MALLET CIRCLE **12575 MALLET CIRCLE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WELLINGTON, FLA. **WELLINGTON, FLA.**
 Zip Country Zip Country
33414 **USA.** **33414** **USA.**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0371806 Not Applicable

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

6. Name and Address of Current Registered Agent
FRIEDMAN, ANDREW R.
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL

7. Name and Address of New Registered Agent
 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. ☐ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State
 10. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NITSCH-KASMAN, BARBARA A		NAME		
STREET ADDRESS	2040 GREY MARE WAY		STREET ADDRESS	12575 MALLET CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP	WELLINGTON, FLA. 33414.	
TITLE	PST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NITSCH-KASMAN, BARBARA A		NAME		
STREET ADDRESS	2040 GREY MARE WAY		STREET ADDRESS	12575 MALLET CIRCLE	
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP	WELLINGTON, FLA. 33414.	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Barbara Nitsch (BARBARA NITSCH)** Date: **Jan. 25/2000** Daytime Phone #: **561-793-9220**

CR2E034 (9/99)