

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V74120

1. Entity Name

KIMBERLEIGH W. CAMPBELL, M.D., P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90054 044 \*\*\*150.00

Principal Place of Business

Mailing Address

~~209 NW 75TH STREET~~  
 4410 NEWBERRY RD BLDG A-3  
 GAINESVILLE FL 32607  
 US

~~209 NW 75TH STREET~~  
 4410 NEWBERRY RD BLDG A-3  
 GAINESVILLE FL 32607-2290  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4410 W. NEWBERRY RD

3. Mailing Address

4410 W. NEWBERRY RD

Suite, Apt. #, etc.

BLDG A-3

Suite, Apt. #, etc.

BLDG A-3

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3148195

Applied For

Not Applicable

Zip

32607

Country

USA

Zip

32607

Country

USA

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

CAMPBELL, KIMBERLEIGH W  
 4410 NEWBERRY RD BLDG A-3  
 GAINESVILLE FL 32607

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 ☐ Delete  
 NAME D  
 STREET ADDRESS CAMPBELL, KIMBERLEIGH W  
 CITY-ST-ZIP 4410 NEWBERRY RD BLDG A-3  
 GAINESVILLE FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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

4/15/00

352-377-1400

Date # 4606

Daytime Phone #

CR2E034 (9/99)