

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 602395**

1. Entity Name

RICHARD C. GEORGIADES D.D.S., P.A.**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90040 035 ***150.00

Principal Place of Business

**3900 CLARK RD.
BLDG. E-4
SARASOTA FL 34233
US**

Mailing Address

**3900 CLARK ROAD.. BLDG 3-4
SARASOTA FL 34233-2301
US****010900**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1304462**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GEORGIADES, RICHARD
3900 CLARK ROAD
BUILDING 3-4
SARASOTA FL 34233**

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

TITLE	PTD	☐ Delete
NAME	GEORGIADES, RICHARD C.	
STREET ADDRESS	3900 CLARK ROAD, BUILDING E-4	
CITY-ST-ZIP	SARASOTA FL	

TITLE	S	☐ Delete
NAME	HORNE, G. NELSON	
STREET ADDRESS	6124 SO. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	

TITLE	VD	☐ Delete
NAME	GEORGIADES, CRAIG	
STREET ADDRESS	3900 CLARK RD BLDG E-4	
CITY-ST-ZIP	SARASOTA FL 34233	

TITLE	D	☐ Delete
NAME	HORNE, G. NELSON	
STREET ADDRESS	6124 SO. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Richard C. Georgiades **Richard GEORGIADES** 1/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #