2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 602888

1. Entity Name
James G Vandenberghe DDS PA ✓

FILED
00 JUN 26 AM 9:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4138 Madison Street
New Port Richey, FL 34652

Mailing Address

2. Principal Place of Business
11002 West Court
Suite, Apt. #, etc.
City & State: Odessa, Fl
Zip: 33556 County: Hillsborough

3. Mailing Address
11002 West Court
Suite, Apt. #, etc.
City & State: Odessa, Fl
Zip: 33556 County: Hillsborough

DO NOT WRITE IN THIS SPACE
6/12/00 40040 031 $150.00

4. FEI Number: 59-1355489 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
James G. Vandenberghe DDS.
11002 West Court
Odessa, Fl 33556

7. Name and Address of New Registered Agent
Name: James G Vandenberghe DDS
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: James G Vandenberghe DDS 5/28/00
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) A

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	James G Vandenberghe DDS Pres. 11002 West Court Odessa, Fl 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James G Vandenberghe Sec. 11002 West Court Odessa, Fl 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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I Never received The Renewal for my DPA

CR2E034 (9/99)

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: James G Vandenberghe DDS 5/28/00 813-9268400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KE