2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90088 043 ****61.25

DOCUMENT # 713844

1. Entity Name

NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA

Principal Place of Business	Mailing Address
653 W 8TH STREET. BUILDING #1 C/O UFHSC-J JACKSONVILLE FL 32209-6511	653 W 8TH STREET. BUILDING #1 C/O UFHSC-J JACKSONVILLE FL 32206-3530

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2028 Boulevard	2028 Boulevard
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32206 Country: Duval	Zip: 32206 Country: Duval

4. FEI Number: 51-0141516 ☐ 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
WOOD, WALTER 9550 REGENCY SQUARE BLVD. #304 JACKSONVILLE FL 32225	Name: Mullens, Rick Dr. Street Address (P.O. Box Number is Not Acceptable): 3215 Hendricks Ave. City: Jacksonville, FL Zip Code: 32207

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] Treasurer 3-16-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHNEIDER, TED 6476 FT CAROLINE RD JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELL, HOWARD 3927 BAYMEADOWS RD. JACKSONVILLE, FL 32217	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAEUSSNER, TED 1409 KINGSLEY AVE ORNAGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAEUSSNER, TED 1409 KINGSLEY AVE. ORANGE PARK, FL 32073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAEUSSNER, TED 1409 KINGSLEY AVE ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WOOD, WALTER 9550 REGENCY SQ. BLVD. #304 JACKSONVILLE, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR FERBER, STEVEN 800 LOMAX ST JACKSONVILLE FL 32204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, WALTER 9550 REGENCY SQUARE BLVD., #304 JACKSONVILLE FL 32255	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTLEY, GREG 4131 UNIVERSITY BLVD. JACKSONVILLE, FL 32216	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MULLENS, RICHARD 3215 HENDRICKS AVE #1 JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-16-00 904-399-3163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #