

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713844

1. Entity Name

NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA

Principal Place of Business

2028 BOULEVARD
JACKSONVILLE FL 32206

Mailing Address

2028 BOULEVARD
JACKSONVILLE FL 32206

2. Principal Place of Business

2028 Boulevard

3. Mailing Address

2028 Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

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

MULLENS, RICK D
3215 HENDRICKS AVE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME BELL, HOWARD ☒ Delete
STREET ADDRESS 3927 BAYMEADOWS RD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE V
NAME HAEUSSNER, TED ☒ Delete
STREET ADDRESS 1409 KINGSLEY AVE
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE SD
NAME WOOD, WALTER ☒ Delete
STREET ADDRESS 9550 REGENCY SQ BLVD 304
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE TR
NAME FERBER, STEVEN ☒ Delete
STREET ADDRESS 800 LOMAX ST
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE D
NAME HARTLEY, GREG ☒ Delete
STREET ADDRESS 4131 UNIVERSITY BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE TD
NAME MULLENS, RICHARD ☐ Delete
STREET ADDRESS 3215 HENDRICKS AVE #1
CITY-ST-ZIP JACKSONVILLE FL 32207

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME HAEUSSNER, TED
STREET ADDRESS 1409 KINGSLEY AVE.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE V ☒ Change ☐ Addition
NAME WOOD, WALTER
STREET ADDRESS 9550 REGENCY SQ. BLVD. #304
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE SD ☒ Change ☐ Addition
NAME HARTLEY, GREG
STREET ADDRESS 4131 UNIVERSITY BLVD. SO.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE TR ☒ Change ☐ Addition
NAME BELL, HOWARD
STREET ADDRESS 3927 BAYMEADOWS RD.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D ☒ Change ☐ Addition
NAME COCHRAN, STEVE
STREET ADDRESS 8355 BAYBERRY RD.
CITY-ST-ZIP JACKSONVILLE

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

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:

DR. SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-399-3163

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90070 007 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)