

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90098 023 ****61.25

DOCUMENT # 713844

1. Entity Name
**NORTHEAST DISTRICT DENTAL ASSOCIATION OF FLORIDA
, INC.**



Principal Place of Business
**2028 BOULEVARD
JACKSONVILLE FL 32206**

Mailing Address
**2028 BOULEVARD
JACKSONVILLE FL 32206**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**MULLENS, RICK D
3215 HENDRICKS AVE
#1
JACKSONVILLE FL 32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, BARRY 2365 PARK ST JACKSONVILLE FL 32204	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, RICK 6851 BELFORT OAKS PL JACKSONVILLE, FL 32216	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, WALTER 9550 REGENCY SQ. BLVD #304 JACKSONVILLE FL 32225	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTLEY, GREG 4131 UNIVERSITY BLVD. SO. JACKSONVILLE, FL 32216	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTLEY, GREG 4131 UNIVERSITY BLVD SO. JACKSONVILLE FL 32216	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COCHRAN, STEVE 8355 HENDRICKS AVE. #1 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, HOWARD 3927 BAYMEADOWS RD JACKSONVILLE FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COCHRAN, STEVE 8355 HENDRICKS AVE #1 JACKSONVILLE FL 32256	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEVENS, BARRY 2365 PARK ST. JACKSONVILLE, FL 32204	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MULLENS, RICHARD 3215 HENDRICKS AVE #1 JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

2. 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 **Richard C. Mullens** **3/9/03** **(904) 399-3163**

CR2E037 (10/02)