

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90236 050 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 716635

1. Entity Name
WEST COAST DENTAL ASSOCIATION, INC.

Principal Place of Business 9720 N ARMENIA. STE F TAMPA FL 33612	Mailing Address 9720 N ARMENIA. STE F TAMPA FL 33612-7539
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1445866	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PARKER, DAVID DR
 2785 TAMIAMI TRAIL
 PT. CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

T PARKER, DAVID 2785 TAMIAMI TRAIL PT CHARLOTTE FL	<input type="checkbox"/> Delete
P LLANO, CHARLES DR 4676 CLEVELAND HGHTS BLVD. LAKELAND FL 33813	<input type="checkbox"/> Delete
VP ALLEN, NOLAN DR. 2226 E. DRUID RD. CLEARWATER FL 33764	<input type="checkbox"/> Delete
S BUCKENHEIMER, TERRY DR 3906 W. NEPTUNE ST. TAMPA FL 33629	<input type="checkbox"/> Delete
T HUGH, BETTY DR 4300 4TH ST. N. ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
T KIRSCH, MICHAEL DR 1614 S.W. LAKEVIEW DR. SEBRING FL 33870	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *[Signature]* **February 23, 2000** (813) 931-3018
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)