

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723820

1. Entity Name

FLORIDA DENTAL ASSOCIATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90039 040 ****70.00

Principal Place of Business

Mailing Address

C/O DANIEL BUKER
 1111 E. TENNESSEE ST., #102
 TALLAHASSEE FL 32308
 US

C/O DANIEL BUKER
 1111 E. TENNESSEE ST., #102
 TALLAHASSEE FL 32308-6914
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0615479

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BUKER, DANIEL J.
 1111 E. TENNESSEE ST.
~~STE. #102~~
 TALLAHASSEE FL 32308

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

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: VPD
 NAME: PARNES, EDMUND I. Delete
 STREET ADDRESS: 8700 NORTH KENDALL DRIVE #221
 CITY-ST-ZIP: MIAMI FL 33176

TITLE: PD Change Addition

TITLE: MD Delete
 NAME: BUKER, DANIEL J.
 STREET ADDRESS: 1111 E. TENNESSEE ST., #102
 CITY-ST-ZIP: TALLAHASSEE FL 32308

TITLE: VPD Change Addition
 NAME: BAUKNECHT, ALBERT J.
 STREET ADDRESS: 3434 ATLANTIC BLVD.
 CITY-ST-ZIP: JACKSONVILLE, FL 32207

TITLE: VPD Delete
 NAME: CHICHETTI, RICHARD
 STREET ADDRESS: 1305 THOMASWOOD DRIVE
 CITY-ST-ZIP: TALLAHASSEE FL 32312

TITLE: SD Change Addition
 NAME: ICYDA, TERI-ROSS
 STREET ADDRESS: 1001 E. OCEAN BLVD #106
 CITY-ST-ZIP: STUART, FL 34996-2511

TITLE: VPD Delete
 NAME: CADLE, DONALD I
 STREET ADDRESS: 5823 MAIN ST
 CITY-ST-ZIP: NEW PT RICHEY FL 34652

TITLE: Change Addition

TITLE: PD Delete
 NAME: FERRIS, ROBERT T
 STREET ADDRESS: 475 MAITLAND AVENUE
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701

TITLE: Change Addition

TITLE: TD Delete
 NAME: HARRISON, GERALD W
 STREET ADDRESS: 1012 W. 11TH STREET
 CITY-ST-ZIP: PANAMA CITY FL 32401

TITLE: Change 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel S. Buker, Executive Director

4/15/2000 (850) 681-3629

Daytime Phone #

CR2E037 (9/99)