

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

0008947

**DOCUMENT # 723820**

1. Entity Name

**FLORIDA DENTAL ASSOCIATION, INC.**

04-30-2001 90338 024 \*\*\*\*70.00

Principal Place of Business C/O DANIEL BUKER 1111 E. TENNESSEE ST. TALLAHASSEE FL 32308 US	Mailing Address C/O DANIEL BUKER 1111 E. TENNESSEE ST. TALLAHASSEE FL 32308 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-0615479</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

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

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARNES, EDMUND I. <input checked="" type="checkbox"/> Delete 8700 NORTH KENDALL DRIVE #221 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BUKER, DANIEL J. <input type="checkbox"/> Delete 1111 E. TENNESSEE ST., #102 TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHICHETTI, RICHARD <input type="checkbox"/> Delete 1305 THOMASWOOD DRIVE TALLAHASSEE FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CADLE, DONALD I <input type="checkbox"/> Delete 5823 MAIN ST NEW PT RICHEY FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAUKNECHT, ALBERT J <input type="checkbox"/> Delete 3434 ATLNTATIC BLVD JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, GERALD W <input type="checkbox"/> Delete 1012 W. 11TH STREET PANAMA CITY FL 32401

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ICYDA, TERRI-ROSS 1001 E. OCEAN BLVD. #106 STUART, FL 34996-2511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LOW, SAMUEL B. PO BOX 100405 U OF FL GAINESVILLE, FL 32610-0405
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 all other like empowered.

SIGNATURE: **Daniel J. Buker**, Executive Director  
 Date: **4/24/01** Daytime Phone #: **850-681-3629**

CR2E037 (10/00)