

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 723820

FILED  
Apr 18, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA DENTAL ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-0615479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: ICYDA, TERRI-ROSS  
Address: 1001 E. OCEAN BLVD #106  
City-St-Zip: STUART, FL 349962511

Title: MD ( ) Delete  
Name: BUKER, DANIEL J.,  
Address: 1111 E. TENNESSEE ST., #102  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete  
Name: CHICHETTI, RICHARD  
Address: 1305 THOMASWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD ( ) Delete  
Name: CADLE, DONALD I  
Address: 5823 MAIN ST  
City-St-Zip: NEW PT RICHEY, FL 34652

Title: VPD ( ) Delete  
Name: BAUKNECHT, ALBERT J  
Address: 3434 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete  
Name: HARRISON, GERALD W  
Address: 1012 W. 11TH STREET  
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: FRIEDEL, ALAN E  
Address: 660 E. HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: PD (X) Change ( ) Addition  
Name: CADLE, DONALD I  
Address: 5823 MAIN ST  
City-St-Zip: NEW PT RICHEY, FL 34652

Title: VPD (X) Change ( ) Addition  
Name: BAUKNECHT, ALBERT J  
Address: 1329 TIBER AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BUKER, DANIEL J.

MD

04/18/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

LOW, SAMUEL B. VPD  
P.O.BOX 100405 U OF FL.  
GAINSVILLE, FL 32610-0405