

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90004 013 \*\*\*\*70.00

**DOCUMENT # 727617**

1. Entity Name

**THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

2180 BRIARCLIFF AVE.  
 IDAHO FALLS ID 83404  
 US

2180 BRIARCLIFF AVENUE  
 IDAHO FALLS ID 83404-6364  
 US

**A0012788**



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

**23-7313401**

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

**SCHROEDER, (T.W.), D.D.S.**  
**523 N. PENINSULA DR.**  
**DAYTONA BEACH FL**

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	P	<input type="checkbox"/> Delete
NAME	HOESLI, HANNA DR	
STREET ADDRESS	3430 BONNIE HILL DRIVE	
CITY-ST-ZIP	HOLLYWOOD CA 90068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WENGER, TERRENCE DR.	
STREET ADDRESS	14385 HARTWELL TR.	
CITY-ST-ZIP	NOVELTY OH. 44072	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	75 MAPLE AVENUE	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	PPD	<input type="checkbox"/> Delete
NAME	DIERENFIELD, DENNIS DR	
STREET ADDRESS	16 W MISSION #A	
CITY-ST-ZIP	SANTA BARBARA CA 93101	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES, COCUZZI DR	
STREET ADDRESS	4015 COLLEGEVIEW DRIVE	
CITY-ST-ZIP	CORTLAND NY 13045	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLESPIE, JAMES DR	
STREET ADDRESS	12539 N. HIWAY 83	
CITY-ST-ZIP	PARKER CO 80134	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wenger, Dr. Terrence	
STREET ADDRESS	14385 Hartwell Trl.	
CITY-ST-ZIP	NOVELTY, OH 44072	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Dr. Robert	
STREET ADDRESS	75 Maple Avenue	
CITY-ST-ZIP	MORRISTOWN, NJ-07960	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nielsen, Dr. John	
STREET ADDRESS	614 2nd Avenue S.W.	
CITY-ST-ZIP	Cullman, AL 35055	
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoesli, Dr. Hanna	
STREET ADDRESS	3430 Bonnie Hill Drive	
CITY-ST-ZIP	Hollywood, CA 90068	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn, Dr. Gerald	
STREET ADDRESS	16946 Deer Path Drive	
CITY-ST-ZIP	Strongsville, OH 44136	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rungo, Dr. Ralph	
STREET ADDRESS	804 N. Norma Street	
CITY-ST-ZIP	Ridgecrest, CA 93555	

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: *Carolinn Gaffner, Executive Director* 1/19/00 208-529-2160  
*Carolinn Gaffner, Executive Director* 1/19/00 800-445-2524

CR2E037 (9/99)