

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90119 030 ****61.25

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
 US

C0027920



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	PPD	<input type="checkbox"/> Delete
NAME	HOESLI, HANNA DR	
STREET ADDRESS	3430 DONNIE HILL DEIVE	
CITY-ST-ZIP	HOLLYWOOD CA 90068	
TITLE	P	<input type="checkbox"/> Delete
NAME	WENGER, TERRENCE DR.	
STREET ADDRESS	14385 HARTWELL TR.	
CITY-ST-ZIP	NOVELTY OH 44072	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JONES, ROBERT	
STREET ADDRESS	75 MAPLE AVENUE	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NIELSEN, JOHN DR.	
STREET ADDRESS	614 2ND AVE SW	
CITY-ST-ZIP	CULLMAN AL 35055	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLENN, GERALD DR.	
STREET ADDRESS	16946 DEER PATH DR	
CITY-ST-ZIP	STRONGSVILLE OH 44136	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUNGO, RALPH DR.	
STREET ADDRESS	804 N. NORMA ST	
CITY-ST-ZIP	RIDGECREST CA 93555	

TITLE	PPD	<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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Dr. Robert J.	
STREET ADDRESS	75 Maple Avenue	
CITY-ST-ZIP	Morristown, NJ 07960	
TITLE	VP	<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	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cocuzzi, Dr. James	
STREET ADDRESS	4015 Collegeview Drive	
CITY-ST-ZIP	Cortland, NY 13045	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynch, Dr. John	
STREET ADDRESS	515 Nylon Blvd.	
CITY-ST-ZIP	Seaford, DE 19973	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, Dr. Ben	
STREET ADDRESS	137 S. Pugh Street	
CITY-ST-ZIP	State College, PA 16801	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(8)(f), 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.

Carolinn Gaffner, Executive Director

2/19/01

208-529 2160

SIGNATURE:

Carolinn Gaffner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/01
 Date

208-529-2160
 Daytime Phone #

CR2E037 (10/00)