

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90314 029 ****70.00

DOCUMENT # 727617

1. Entity Name
THE UNITED STATES DENTAL TENNIS ASSOCIATION, INC

Principal Place of Business 2180 BRIARCLIFF AVE. IDAHO FALLS ID 83404 US	Mailing Address 2180 BRIARCLIFF AVENUE IDAHO FALLS ID 83404 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-7313401	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PPD	<input type="checkbox"/> Delete	TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENGER, TERRENCE		NAME	JONES, ROBERT J.	
STREET ADDRESS	14385 HARTWELL TRL		STREET ADDRESS	75 MAPLE AVENUE	
CITY-ST-ZIP	NOVELTY OH 44072		CITY-ST-ZIP	MORRISTOWN, NJ 07960	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT J		NAME	NIELSON, JOHN	
STREET ADDRESS	75 MAPLE AVENUE		STREET ADDRESS	614 2ND AVENUE S.W.	
CITY-ST-ZIP	MORRISTOWN NJ 07960		CITY-ST-ZIP	CULLMAN, AL 35055	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSON, JOHN		NAME	COBUZZI, JAMES	
STREET ADDRESS	614 2ND AVENUE SW		STREET ADDRESS	4015 COLLEGEVIEW DRIVE	
CITY-ST-ZIP	CULLMAN AL 35055		CITY-ST-ZIP	CORTLAND, NY 13045	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCUZZI, JAMES		NAME	LAFFER, JEROME	
STREET ADDRESS	4015 COLLEGEVIEW DRIVE		STREET ADDRESS	801 E. BENESEE	
CITY-ST-ZIP	CORTLAND NY 13045		CITY-ST-ZIP	FAYETTEVILLE, NY 13066	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN		NAME	LYNCH, JOHN	
STREET ADDRESS	515 NYLON BLVD		STREET ADDRESS	515 NYLON BLVD.	
CITY-ST-ZIP	SEAFORD DE 19973		CITY-ST-ZIP	SEAFORD, DE 19973	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, BEN		NAME	BAFFNER, VERNON	
STREET ADDRESS	137 S PUGH STREET		STREET ADDRESS	2180 BRIARCLIFF AVENUE	
CITY-ST-ZIP	STATE COLLEGE PA 16801		CITY-ST-ZIP	IDAHO FALLS, ID. 83404	

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: Caroline Haffner **SIGNATURE REQUIRED** Caroline Haffner **EXECUTIVE DIRECTOR** 4/10/02 208-529-2160 800-443-2524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/01)