

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90105 044 \*\*\*\*61.25

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7313401**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PPD	JONES, ROBERT J	75 MAPLE AVENUE	MORRISTOWN NJ 07960	<input checked="" type="checkbox"/>	PPD	NIELSON, JOHN	614 SECOND AVENUE S.W.	CULLMAN, AL 35055	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	NIELSON, JOHN	614 SECOND AVENUE S.W.	CULLMAN AL 35055	<input type="checkbox"/>	P	LAFFER, JEROME	8016 E. GENESEE	FAYETTEVILLE, NY 13066	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	COCUZZI, JAMES	4016 COLLESEVIEW DRIVE	CORTLAND NY 13045	<input checked="" type="checkbox"/>	VP	LYNCH, JOHN	515 NYLON BLVD.	SEAFORD, DE 19973	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	LAFFER, JEROME	8016 E. BENESEE	FAYETTEVILLE NY 13066	<input type="checkbox"/>	ST	MELLENER, CARLOS	523 SEVEN BRIDGES ROAD	LITTLE RIVER, NJ 07739	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LYNCH, JOHN	515 NYLON BLVD	SEAFORD DE 19973	<input type="checkbox"/>	D	GAFFNER, VERNON	2180 BRIARCLIFF AVENUE	IDAHO FALLS, ID 83404	<input type="checkbox"/>	<input type="checkbox"/>
D	GAFFNER, VERNON	2180 BRIARCLIFF AVENUE	IDAHO FALLS ID 83404	<input type="checkbox"/>	D	HOESLI, HANNA	3430 BONNIE HILL DRIVE	HOLLYWOOD, CA 90068	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CR2E037 (10/02)

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* **CAROLINN GAFFNER** **EXECUTIVE DIRECTOR** **208-529-2160**  
1/4/03 800-445-2524