

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90157 025 \*\*\*\*61.25

**DOCUMENT # 732996**

1. Entity Name

**FLORIDA DENTAL LABORATORY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**330 METROPOLITAN BLVD  
 TALLAHASSEE FL 32308**

**1530 METROPOLITAN BLVD  
 TALLAHASSEE FL 32308  
 US**

00020020



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

**59-1677431**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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

**NAPIER, BENNETT  
 1530 METROPOLITAN BLVD  
 TALLAHASSEE FL 32308**

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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>INMAN, JOMAL</b>	
STREET ADDRESS	<b>9381 W SAMPLE ROAD, 206</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>	
TITLE	<b>EVD</b>	<input type="checkbox"/> Delete
NAME	<b>MAITLAND, NEIL</b>	
STREET ADDRESS	<b>PO BOX 15157</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE	<b>PPD</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, WILLIAM</b>	
STREET ADDRESS	<b>4014 SANDPIPER COURT</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34684</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GOLDMAN, DAVID</b>	
STREET ADDRESS	<b>311-F NOLAN DRIVE</b>	
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
TITLE	<b>PED</b>	<input type="checkbox"/> Delete
NAME	<b>MOYER, PHIL</b>	
STREET ADDRESS	<b>14333 58TH ST NORTH</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>	
TITLE	<b>TED</b>	<input type="checkbox"/> Delete
NAME	<b>HOPINS, BENNETT</b>	
STREET ADDRESS	<b>1530 METROPOLITAN BLVD</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Donal Inman</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Napier, Bennett</i>	
STREET ADDRESS		
CITY-ST-ZIP		

2. 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:

*Signature Required*  
**Bennett Napier**

1/19/02

PSU/224-0711

CR2E037 (9/01)