

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0001180

DOCUMENT # 753257

1. Entity Name

FLORIDA DENTAL HEALTH FOUNDATION, INC.

04-30-2001 90338 023 *****70.00

Principal Place of Business

Mailing Address

**1113 EAST TENNESSEE STREET
 SUITE 300
 TALLAHASSEE FL 32318-6914
 US**

**C/O DANIEL J. BUKER
 1111 E. TENNESSEE ST..
 TALLAHASSEE FL 32318-6914
 US**

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

59-2019148

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

**BUKER, DANIEL J. MR.
 1111 E. TENNESSEE ST.
 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 NAME PD **D'AUTO, C W** Delete
 STREET ADDRESS **195 BRAIRCLIFF DR #111**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE NAME VPD **BELL, HOWARD C.** Change Addition
 STREET ADDRESS **3927 BAYMEADOWS RD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32217-4636**

TITLE NAME SD **LOW, SAMUEL B** Delete
 STREET ADDRESS **P.O. BOX 100434**
 CITY-ST-ZIP **GAINESVILLE FL 32610**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME MD **BUKER, DANIEL J** Delete
 STREET ADDRESS **1111 E. TENNESSEE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME TD **BREITMOSER, HENRY G** Delete
 STREET ADDRESS **1716 UNIVERSITY BLVD. S.**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE NAME TD **WALTON, JAMES F. III** Change Addition
 STREET ADDRESS **1280 TIMBERLANE RD.**
 CITY-ST-ZIP **TALLAHASSEE, FL 32312-1710**

TITLE NAME VPD **KLEIN, RAYMOND H** Delete
 STREET ADDRESS **943 CESERY BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32211-5607**

TITLE NAME PD Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME VPD **RUSSELL, WILLIAM** Delete
 STREET ADDRESS **1000 RIVERSIDE AVE.**
 CITY-ST-ZIP **JACKSONVILLE FL 32231**

TITLE NAME Change Addition
 STREET ADDRESS **1334 E. CHARTER COURT**
 CITY-ST-ZIP **JACKSONVILLE, FL 32255**

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: _____



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daniel J. Buker, Administrator**

4/24/01

850-942-9993

Date Daytime Phone #

CR2E037 (10/00)