

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2001 8:00 am
Secretary of State

03-23-2001 90023 049 ****61.25

DOCUMENT # 757781

1. Entity Name

THE AMERICAN BOARD OF OPERATIVE DENTISTRY, INC.

Principal Place of Business

876 WELCOME WAY SE
 SALEM OR 97302
 US

Mailing Address

876 WELCOME WAY
 SALEM OR 97302
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7831 Oak Court

Suite, Apt. #, etc.

7831 Oak Ct.

City & State

Highland, CA

City & State

Highland, CA

Zip

92346

Country

U.S.

Zip

92346

Country

U.S.

4. FEI Number

91-1157301

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MEDINA, DR. JOSE
 5002 NW 18TH PLACE
 GAINESVILLE FL 32605

7. Name and Address of New Registered Agent

Name
 Medina, Dr. Jose

Street Address (P.O. Box Number is Not Acceptable)

4752 SW 88th Dr.

City
 Gainesville

FL

Zip Code
 32608

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 ADAMS, KINLEY K
 876 WELCOME WAY S.E.
 SALEM OR ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 TYLER, MICHAEL
 1518 TUBA CT
 VIENNA VA 22182 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 PASSON, CRAIG
 10697 E FAIR PLACE
 ENGLEWOOD CO ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 WAGONER, JOEL M. D
 411 CARRIAGE DRIVE
 BECKLEY WV ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 VIRCI, RICHARD C
 6 BOULDECREST CT.
 ROCKVILLE MD ☐ Delete
 Should be Vinci
 with an "n" →

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 JONES, GORDON K
 1541 N. MCKINLEY RD.
 LAKE FOREST IL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 Kinley Adams
 876 Welcome Way S.E.
 Salem, OR 97302 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Henry A. St Germain, Jr.
 3321 Crown Pointe Rd.
 Lincoln, NE 68506 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 Clyde Roggenkamp
 7831 Oak Court
 Highland, CA 92346 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Michael Tyler
 109 Briarwood Lane
 Lynchburg, VA 24501 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Richard C. Vinci
 713 Wharton St.
 Occanside, CA 92054 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Gordon K. Jones
 1541 N. McKinley Rd.
 Lake Forest, IL 60045 ☒ Change ☐ Addition

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:

Clyde Roggenkamp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Mar 01

Date

(909) 862-5732

Daytime Phone #

CR2E037 (10/00)