

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

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90181 019 \*\*\*\*61.25

DOCUMENT # F97000001850

1. Entity Name

NATIONAL FOUNDATION OF DENTISTRY FOR THE HANDICAPPED INC.



Principal Place of Business

Mailing Address

1800 15TH ST  
#100  
DENVER CO 80202

1800 15TH ST  
#100  
DENVER CO 80202

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 **84-6129064**

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

DORN, SAMUEL O  
8200 W SUNRISE BLVD #B2  
FT LAUDERDALE FL 33322

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	V	<input type="checkbox"/> Delete
NAME	DENICOLA, ROSS	
STREET ADDRESS	6509 GOVERNMENT ST SUITE A	
CITY-ST-ZIP	BATON ROUGE LA 70806	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRIBBEN, PATRICK P JR	
STREET ADDRESS	306 W SPRING MEADOW LN	
CITY-ST-ZIP	DEWITT MI 48909	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WEINSTEIN, STEPHEN	
STREET ADDRESS	1401 17TH ST	
CITY-ST-ZIP	DENVER CO 80202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

*Patrick P. Gribben*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
PATRICK GRIBBEN

1/21/03

CR2E037 (10/02)