

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

003112

**DOCUMENT # NO0000002044**

1. Entity Name

**TREASURE COAST DENTAL SOCIETY, INC.**

01-24-2001 90055 012 \*\*\*\*\*70.00

Principal Place of Business

1625 20TH ST.  
VERO BEACH FL 32960

Mailing Address

1625 20TH ST.  
VERO BEACH FL 32960

2. Principal Place of Business

1100 SW St. Lucie West Blvd.

3. Mailing Address

1100 SW ST. Lucie West Blvd.

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34986

Country

USA

Zip

34986

Country

USA

4. FEI Number

65-1065110

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SOPKO, JAMES**  
**853 SE MONTEREY COMMONS BLVD.**  
**STUART FL 34996**

7. Name and Address of New Registered Agent

Name

N/A

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 James Sopko

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/11/01

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 **D** ☒ Delete  
NAME **BODEN, DAVID DDS, MS**  
STREET ADDRESS **1625 20TH ST.**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete  
NAME **BRUCE, KEITH D.D.S.**  
STREET ADDRESS **1625 20TH ST.**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE **D** ☐ Delete  
NAME **PIECZYNSKI, DENISE D.M.D.**  
STREET ADDRESS **1625 20TH ST.**  
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **BRIAN B. JACOBUS, JR., DDS, MS**  
STREET ADDRESS **1100 SW ST. LUCIE WEST BLVD, SUITE #207**  
CITY-ST-ZIP **PORT. ST. LUCIE, FL 34986**

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

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

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

TITLE ☐ Change ☐ 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: Brian B. Jacobus, Jr.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/01

Date

(561) 340-0023

Daytime Phone #

CR2E037 (10/00)