2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90027 024 ****61.25

DOCUMENT # N26588

1. Entity Name

DENTAL FOUNDATION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
800 N. MILLS AVENUE ORLANDO FL 32803	800 N. MILLS AVENUE ORLANDO FL 32803

C00400377

DO NOT WRITE IN THIS SPACE

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 59-2887067 — 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
RUBINO, NICHOLAS J. 535 VERSAILLES DR., SUITE 150 MAITLAND FL 32751	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	P ☐ Delete	TITLE	PP ☑ Change ☐ Addition
NAME	LANE, TIM	NAME	
STREET ADDRESS	609 MAITLAND AVE	STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALTMAN, RICHARD	NAME	
STREET ADDRESS	338 N. MAGNOLIA AVE.,#C	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PELLARIN, ROBERT	NAME	
STREET ADDRESS	201 MORAY LANE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	PP ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	LANGAN, MICHAEL	NAME	
STREET ADDRESS	610 NORTH MILLS AVE.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALLILLO, MICHAEL	NAME	
STREET ADDRESS	112 E LUCERNE CIR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	P ☑ Change ☐ Addition
NAME	PRICE, ALAN	NAME	
STREET ADDRESS	199 E WELBOURNE AVE	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	

CR2E037 (10/00)

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: Alan Price AS QUITCLAIM Alan Price — 3/29/01 — 407-894-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #