

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90038 007 ****70.00

DOCUMENT # N95000000047

1. Entity Name

PROJECT: DENTISTS CARE, INC.

Principal Place of Business

Mailing Address

1111 EAST TENNESSEE STREET ~~STE 102~~
 TALLAHASSEE FL 32308

1111 EAST TENNESSEE STREET ~~STE 102~~
 TALLAHASSEE FL 32308-6914

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

59-3287600

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~~

~~7. Name and Address of New Registered Agent~~

BUKER, DANIEL J.
1111 E. TENNESSEE STREET
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 **D** Delete
 NAME **DUNDEE, NICHOLAS J**
 STREET ADDRESS **3354 SE 17TH PL**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **STD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BOYAR, FRANKLIN M.**
 STREET ADDRESS **715 NE THIRD AVENUE**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** Change Addition
 NAME **KEEFE, MARIAN K.**
 STREET ADDRESS **7220 PINE FOREST ROAD**
 CITY-ST-ZIP **PENSACOLA, FL 32526-3924**

TITLE **VPD** Delete
 NAME **SISTRUNK, OSCAR JR.**
 STREET ADDRESS **200 NO. DENNING DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** Change Addition
 NAME **LLAMAS, LUIS M.**
 STREET ADDRESS **5965 PONCE DE LEON BLVD**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE **STD** Delete
 NAME **SHERMAN, RICHARD L**
 STREET ADDRESS **2249 NO. UNIVERSITY DRIVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **D** Change Addition
 NAME **SCALES, KENNETH I.**
 STREET ADDRESS **4116 BLANDING BLVD.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** Delete
 NAME **MCNEILL, SAMUEL J**
 STREET ADDRESS **3074 LAKE WORTH RD**
 CITY-ST-ZIP **LAKE WORTH FL 33481**

TITLE **D** Change Addition
 NAME **FLOYD, THOMAS P.**
 STREET ADDRESS **400 EXECUTIVE CENTER DR., #105**
 CITY-ST-ZIP **W. PALM BEACH, FL 33401**

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

TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Buker
 Daniel J. Buker, Administrator

4/15/2000 (850) 681-3629

Daytime Phone #

CRZE037 (9/99)