

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001829

1. Entity Name

FLORIDA FOUNDATION OF DENTAL HYGIENE, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90062 026 ****61.25

Principal Place of Business

Mailing Address

3310 SOUTH DREXEL AVE.
TAMPA FL 33629

3310 SOUTH DREXEL AVE.
TAMPA FL 33629-6806

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

59-3488810

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

WELCH, LIZ
3310 SOUTH DREXEL AVE.
TAMPA FL 33629

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	THACKREY, DEBRAT RDH	
STREET ADDRESS	4300 32ND AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	VPD	☐ Delete
NAME	MEANS, ANNIE RDH	
STREET ADDRESS	2574 59TH AVENUE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	SD	☐ Delete
NAME	CRAIG, SANDRA RDH	
STREET ADDRESS	3120 HAWTHORNE RD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	TD	☐ Delete
NAME	WELCH, LIZ RDH	
STREET ADDRESS	3310 S DREXEL AVENUE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	D	☐ Delete
NAME	POTTER, LISA RDH	
STREET ADDRESS	P O BOX 1285	
CITY-ST-ZIP	PALMETTO FL 34220	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	(P) Dr Woods, Katie	☐ Change ☒ Addition
NAME	2207 MANOR CT.	
STREET ADDRESS	CLEARWATER, FL 33763	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Liz Welch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 4, 2000 (813) 831-3700
Date Daytime Phone #

CR2E037 (9/99)