# 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)						Pg. 10F3				
DOCUMENT # P32333					00 MAR 23 AM 10: 58					
THE DENTAL CONCERN, INC.					SECRETARY OF STATE TABLEMEASSEE, FLORIDA					
						SECRE TAILLAIL	MAKY UP ASSEE, P	SIANC LORIDA	ı	
Principal Place of Business Mailing Address						<b>,,,,</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	'			
•• ••••		500 WEST MAIN STREET LOUISVILLE KY 40202-2946								
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS S	3PACE		
City & State		City & State		4.	FEI Number	52-115718	 31		oplied For	
Zip	Country	Zip	Country	5.	Certificate of	of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current F	legistered Agent		7.	Name and	Address of New				
				Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)						
	AHASSEE FL 32301			10.37						
			City	<del></del>		<u> </u>	FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registered a	gent, or both	, in the State of F	Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signa	ture required when	reinstating)		DATÉ			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					
11.	OFFICERS AND D		12.		DDITIONS/	CHANGES TO O	FICERS AND	DIRECTORS	3 IN 11	
TITLE	PD Wolf, Gregory	X Delete	TITLE NAME					☐ Change	Addition	
NAME STREET ADDRESS	500 WEST MAIN STREET		STREET ADDRESS	Pleas	se See	Attached	<b>:</b>			
CITY - ST - ZIP	LOUISVILLE KY		CITY-ST-ZIP	-		.,				
TITLE NAME	V   Bauernfeind, George G.	☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS	500 WEST MAIN STREET		STREET ADDRESS	Sheet on a common state		00003 -03/2	188	52:1# <del>.</del>	2i	
CITY-ST-ZIP	LOUISVILLE KY 40202	<del></del> _	CITY-ST-ZIP	<u> </u>		-03/2	<u>9/000</u>	<u> 10550</u>	113. e	
TITLE NAME	S   Lenahan, Joan O.	☐ Delete	NAME '		2. 1		150.00 *	要素を強化し	n nammon'	
STREET ADDRESS	500 W. MAIN		STREET ADDRESS							
CITY-ST-ZIP	LOUISVILLE KY 40201		CITY-ST-ZIP	<u> </u>						
TITLE	VP   Murray, James e.	☐ Delete	TITLE					Change	☐ Addition	
NAME . STREET ADDRESS	500 WEST MAIN STREET		NAME STREET ADDRESS							
CITY-ST-ZIP	LOUISVILLE KY	·	CITY-ST-ZIP							
TITLE	SVPD	☐ Delete	TITLE		•			☐ Change	☐ Addition	
NAME STREET ADDRESS	MCALLISTER, MICHAEL B 500 WEST MAIN STREET		NAME STREET ADDRESS							
CITY-ST-ZIP	LOUISVILLE KY		CITY-ST-ZIP							
TITLE	VPT	☐ Delete	TITLE	1	-	<del></del>		☐ Change	Addition	
NAME	DOUCETTE, JAMES		NAME							
STREET ADDRESS CITY-ST-ZIP	500 WEST MAIN STREET LOUISVILLE KY 40202		STREET ADDRESS CITY-ST-ZIP							
	LOCIOTILLE IVI TULUL		<b>-</b>	1						

Signature and Typed on Printed Name of Signing Officer on Director Chief Compliance Officer SIGNATURE: 5

changed, or on an attachment with an address, with all other like empowered.

13. Thereby 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if shaped or one participating the production of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

## **Directors/Officers Report**

### The Dental Concern, Inc.

#### DIRECTORS

Kenneth J. Fasola

Director

Primary Address:

500 W. Main St.

Louisville, KY 40202

Michael B. McCallister

Director

Primary Address:

500 West Main Street

Louisville, KY 40202

James E. Murray

Director

Primary Address:

500 W. Main St.

Louisville, KY 40202

Walter E. Neely

Director

Primary Address:

500 West Main Street

Louisville, KY 40202

Vacancy

Director

Primary Address:

None given

### **OFFICERS**

Michael B. McCallister

Primary Address:

President and Chief Executive Officer

500 West Main Street Louisville, KY 40202

James E. Murray

Primary Address:

Chief Financial Officer

500 W. Main St.

Louisville, KY 40202

Douglas R. Carlisle

Primary Address:

Senior Vice President

500 W. Main Street

Louisville, KY 40202

Kenneth J. Fasola

Senior Vice President

500 W. Main St. Primary Address:

Louisville, KY 40202

Sharon E. Mitchell

Primary Address:

Senior Vice President

500 West Main Street

Louisville, KY 40202

Barry W. Averill

Vice President

Primary Address:

30 South Wacker Drive

**Suite 3100** 

Chicago, IL 60606

George G. Bauernfeind

Primary Address:

Vice President

500 W. Main St.

Louisville, KY 40202