

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063278

1. Entity Name

DR. A.R. YOUNG, DDS P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90227 030 ***150.00

Principal Place of Business

Mailing Address

EAST MONROE STREET
JACKSONVILLE FL 32202

541 EAST MONROE STREET
JACKSONVILLE FL 32202-2838

2. Principal Place of Business

4211 A Southpoint Pkwy
Suite, Apt. #, etc.

3. Mailing Address

4211 A Southpoint Pkwy
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32216

Country

USA

City & State

Jacksonville, FL

Zip

32216

Country

USA

4. FEI Number

59-3481226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, THOMAS P
11234 SAN JOSE BLVD
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

James R. Swindell

Street Address (P.O. Box Number is Not Acceptable)

3560 South Third Street

City

Jacksonville Beach

FL

Zip Code

32250

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 R. Swindell, CPA

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

(NOTE: Registered Agent signature required when reinstating)

2/14/00

DATE

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME YOUNG, ARTHUR R
STREET ADDRESS 541 EAST MONROE STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE DS
NAME MILLS, SANDRA D
STREET ADDRESS 541 EAST MONROE STREET
CITY-ST-ZIP JACKSONVILLE FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8205 Hidden Lake Drive North
CITY-ST-ZIP Jacksonville, FL 32216-6321 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 8205 Hidden Lake Drive North
CITY-ST-ZIP Jacksonville, FL 32216-6321 ☒ Change ☐ Addition

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)