

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717996

1. Entity Name

FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

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

04-20-2000 90040 012 ****61.25

Principal Place of Business

Mailing Address

2929-A CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308
US

2929-A CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308-4407
US

2. Principal Place of Business

907 Beaver Creek Lane
Suite, Apt. #, etc.

3. Mailing Address

4244 W. Tennessee St.
Suite, Apt. #, etc.
#314



DO NOT WRITE IN THIS SPACE

City & State

Havana, FL

City & State

Tallahassee, FL

4. FEI Number

23-7264533

Applied For

Not Applicable

Zip

32333

Country

US

Zip

32304

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

DOZIER, JOHN S
2929-A CAPITAL MEDICAL BLVD.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name Frances A. Dover

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

4244 W. Tennessee St. #314

City Tallahassee

FL

Zip Code 32304

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

Frances A. Dover

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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

TITLE D ☒ Delete
NAME ROGERS, RAYMOND
STREET ADDRESS 300 GATLIN AVE.
CITY-ST-ZIP ORLANDO FL 32806

TITLE PD ☒ Delete
NAME DOZIER, JOHN S
STREET ADDRESS 2929-A CAPITAL MEDICAL BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PD ☐ Delete
NAME FETNER, ALAN
STREET ADDRESS 4205 BELT RD #4080
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☒ Addition
NAME Hauer, Lee
STREET ADDRESS 4350 Sheridan St. #2010
CITY-ST-ZIP Hollywood, FL 33021

TITLE VPD ☐ Change ☒ Addition
NAME Stevens, Carol W.
STREET ADDRESS 1777 Tamiami Trail, #407
CITY-ST-ZIP Port Charlotte, FL 33948

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

TITLE D ☐ Change ☒ Addition
NAME Dover, Frances A.
STREET ADDRESS 4244 W Tennessee St. #314
CITY-ST-ZIP Tallahassee, FL 32304

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: *Frances A. Dover* 4/17/00 850-539-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #