

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90177 050 ****61.25

DOCUMENT # 717996

1. Entity Name

FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

Principal Place of Business

Mailing Address

907 BEAVER CREEK LN.
 HAVANA FL 32333
 US

4244 W. TENNESSEE ST.
 #314
 TALLAHASSEE FL 32304
 US

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

23-7264533

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

DOVER, FRANCES
4244 W. TENNESSEE ST. #314
TALLAHASSEE FL 32304

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 **VPD** ☒ Delete
 NAME **HAUER, LEE**
 STREET ADDRESS **4350 SHERIDAN ST. #201D**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **VPD** ☐ Delete
 NAME **STEVENS, CAROL W**
 STREET ADDRESS **1777 TAMIA MI TRAIL #407**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

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

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

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

TITLE **D** ☐ Delete
 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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Arthur, Harold R.**
 STREET ADDRESS **331 N. Maitland Ave, A-4**
 CITY-ST-ZIP **Maitland, FL 32751**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Copulos, Thomas A.**
 STREET ADDRESS **1000 NW 9th Ct. #106**
 CITY-ST-ZIP **Boca Raton, FL 33486**

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

850-539-7756

Date Daytime Phone #

CR2E037 (9/01)