

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90174 043 \*\*\*61.25

**DOCUMENT # 717996**

1. Entity Name

**FLORIDA ASSOCIATION OF PERIODONTISTS, INC.**



Principal Place of Business

**907 BEAVER CREEK LN.  
HAVANA FL 32333  
US**

Mailing Address

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

2. Principal Place of Business

**2612 W. Henry Ave**

3. Mailing Address

**P.O. BOX 15442**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Tampa, Florida**

City & State

**Tampa FL**

4. FEI Number **23-7264533**

Applied For

Not Applicable

Zip

**33614**

Country

**US**

Zip

**33684**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DOVER, FRANCES**

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

7. Name and Address of New Registered Agent

Name

**Raquel Radice**

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

**2612 W. Henry Ave.**

City

**Tampa**

FL

Zip Code

**33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Raquel Radice** **Raquel Radice Executive Director 2/19/03**

Signature, type 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, CAROL W 1777 TAMiami TRAIL #407 PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FETNER, ALAN 4205 BELT RD #4080 JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOVER, FRANCES A 4244 W. TENNESSEE ST. #314 TALLAHASSEE FL 32304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARTHUR, HAROLD R 331 N MAITLAND AVENUE MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAPULOS, THOMAS A 1000 NW 9 CT 108 BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Harold Arthur 331 N. Maitland Avenue Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Thomas A. Copulos 1000 NW 9 ct #108 Boca Raton, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Raquel Radice 2612 W. Henry Avenue Tampa, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Carol Stevens 19180 Aucasada Ave Port Charlotte, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Michael Chanatry 3595 Cardinal Point Dr. Jacksonville, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/19/03** **(813) 931-3018**  
Date Daytime Phone #

CR2E037 (10/02)