2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 488749

1. Entity Name

LAMAR HATCHER, JR., D.D.S., P.A.

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Principal Place of B	usiness	Mailing Address	······································						
2516 N.W. 43RD ST. CAINESVILLE FL 32606-6612		2516 N.W. 43RD ST. GAINESVILLE FL 32606-7491							
2. Principal Place of	f Business	3. Mailing Address	s						
Suite, Apt. #, etc		Suite, Apt. #, etc.							
City & State		City & State							
	Country	Zip	Country						

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90110 002 ***150.00



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Zip Country Zip Country Sip-164/895 Na Applicable Set 75 Additional Received Set 75 Additional Received Set 75 Additional Received	Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
Z.p. County Zip County S. Certification of Statuto Deplied S. S. A Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name Registered Agent 7	City & State			City & State		4.	FEI Number	EQ 104001		T	Applied Fo	r	
S. Name and Address of Current Registered Agent 1. Name HATCHER, LAMAR, JR., D.D.S. 2516 N.W. 43RD ST. GAINESVILLE FI. City FL Lip Code Cit			_			_ _	59-1640855				Not Applic	able	
HATCHER, LAMAR, JR., D.D.S. 2516 N.W. 43RD ST. GAINESVILLE FL City FL Zip Code City City FL Zip Code City	Zip		Country	Zip Count									
HATCHER, LAMAR, JR., D.D.S. 2516 N.W. 43RD ST. GAINESVILLE FL City FL Zip Code	·	6. Name	and Address of Current Reg	gistered Agent		-	· 7:	Name and Ad	ldress of New	Registere	d Agent		
2516 N.W. 43RD ST. GAINESVILLE FL 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 Portida. 9. This corporation is eligible to satisfy its intangible Tark filting requirement and elects to do so. 19. This corporation is eligible to satisfy its intangible Tark filting requirement and elects to do so. 10. FILE NOW!!! FEE IS \$150.00 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 11. SINCET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 11. SINCET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 11. SINCET ADDRESS 11. SINCET ADDRESS 11. SINCET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. OFFICERS AND DIRECTORS 11. SINCET ADDRESS 11. SINCET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 13. ADDITIONS CONTROL OF IN 11. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 15. SINCET ADDRESS 16. SINCET ADDRESS 17. SINCET ADDRE													
A. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. SignATURE	2516 N.W. 43RD ST.												
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SIGNATURE Signalure, typed of primed name of registered agent and clas if applicable. (INOTE Registered Agent operators required when remainting) DATE	8. The above	named entit	ly submits this statement for th	e purpose of changing its	register	ed office or re	egistered a	gent, or both,	in the State of F	lorida.			-
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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					1	1							
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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 truetee empowered be 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19 /00 (352)379-2930

Daytime Phone