

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604318

1. Entity Name

ERNEST FRYAR, D.D.S., P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90052 007 ***150.00

Principal Place of Business

2550 ALOMA AVE.
P.O. BOX 4120
WINTER PARK FL 32793

Mailing Address

2550 ALOMA AVE.
P.O. BOX 4120
WINTER PARK FL 32793-4120

2. Principal Place of Business

2550 Aloma Ave
Suite, Apt. #, etc.

3. Mailing Address

790 Pinetree Road
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WINTER PARK, FL

City & State
WINTER PARK, FL

4. FEI Number 59-1454008

Applied For
Not Applicable

Zip 32792

Country US

Zip 32789-1509

Country US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRYAR, ERNEST
2550 ALOMA AVE
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name ERNEST FRYAR
Street Address (P.O. Box Number is Not Acceptable) 790 Pinetree Road
City WINTER PARK FL Zip Code 32789-1509

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

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	P	<input type="checkbox"/> Delete
NAME	FRYAR, ERNEST, D.D.S.	
STREET ADDRESS	2550 ALOMA AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAINES, JOHN D.	
STREET ADDRESS	250 PARK AVE. SOUTH	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST FRYAR DDS	
STREET ADDRESS	790 Pinetree Road	
CITY-ST-ZIP	WINTER PARK, FL 32789-1509	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANETTE FRYAR	
STREET ADDRESS	790 Pine tree Road	
CITY-ST-ZIP	WINTER PARK, FL 32789-1509	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

ERNEST FRYAR, DDS 02/26/2000 407-644-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)