2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 648774

1. Entity Name

DANIEL E VARRROLIGH D.D.S. P.A.

FILED Feb 05, 2000 8:00 am Secretary of State

DAMEL	E. TANDROUGH, B.D.G. F.A.					02-0	5-2000 90047	7 002 **	*150.00	
Principal Place	e of Business	Mailing Address		<u> </u>						
1923 SOUTH FL		1923 SOUTH FLORIDA AVE.								
LAKELAND FL 3	3803	LAKELAND FL 33803-2655				C	0018699			
					}				I	
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
	·	<u></u>								
City & State		City & State			4. 1	El Number	59-1971676	76 Applied For Not Applie:		
Zip Country		Zip Country		У .	5. (Certificate of	Status Desired		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent	-		7.1	lame and A	ddress of New Re	gistered		
·				Name						
	ROUGH, DANIEL E. SOUTH FLORIDA AVE.	Street Address			ess (P.O. B	(P.O. Box Number is Not Acceptable)				
LAKE	LAND FL 33803									
				City				FL	Zip Code	€
8. The above	named entity submits this statement fo	r the purpose of changing its	registered	office or reg	istered ag	ent, or both,	in the State of Flor	rida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered /	Agent signature re	quired when re	instating)		DATE		
	ration is eligible to satisfy its Intangible					10. Flecti	ion Campaign Fina	ancina	\$5.0	O May Be
	equirement and elects to do so.	After MAY 1, 200 Make Check Payab				1	Fund Contribution			to Fees
11.	OFFICERS AND		12.			L DITIONS/CI	ANGES TO OFFI	CERS AND	DIRECTORS	 3 IN 11
TITLE	PD	☐ Delete	TITLE						☐ Change	
NAME STREET ADDRESS	YARBROUGH, DANIEL E. 1923 S. FLORIDA AVE.		NAME	ADDRESS						
CITY-ST-ZIP	LAKELAND FL		CITY-S	· I						
TITLE		☐ Delete	TITLE						☐ Change	T * a Pro
NAME STREET ADDRESS			NAME STREET	ADDRESS						
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NAME Street address	1 .		NAME STREET	ADDRESS						
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NAME STREET ADDRESS			NAME	ADDRESS						
CITY-ST-ZIP			CITY-S							
13. I hereby of indicated of the corr	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empty	this filing does not qualify for true and accurate and that m	r the exem	ption stated re shall have d by Chaote	in Section the same	119.07(3)(i), legal effect a	Florida Statutes, I as if made under o	further ce	rtify that the ir am an officer n Block 11 or	— nformation or director Block 12 i

changed, or on an attachment with an address, with all other like empowered.