

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 685829**

1. Entity Name

**FRANK M. ADDABBO, D.D.S., P.A.****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90103 030 \*\*\*150.00

Principal Place of Business	Mailing Address
6001 VINELAND RD #119 ORLANDO FL 32819	6001 VINELAND RD #119 ORLANDO FL 32819-7829

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2018767**Applied For  
Not Applied For5. 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**
**ADDABBO, FRANK M DDS**  
**6001 VINELAND RD #119**  
**ORLANDO FL 32819**

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

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	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>ADDABBO, FRANK M</b>	
STREET ADDRESS	<b>6001 VINELAND RD STE 119</b>	
CITY-ST-ZIP	<b>ORLANDO FLORIDA</b>	

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ADDABBO, JUDITH</b>	
STREET ADDRESS	<b>6001 VINELAND RD STE 119</b>	
CITY-ST-ZIP	<b>ORLANDO FLORIDA</b>	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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:**
**JSB Addabbo** **REQUIRED** **B. Addabbo** **1/11/00** **407-352-6000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #