## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # 689195** 1. Entity Name FREDERIC G. KIRSCH, D.D.S., P.A. 01-25-2000 90048 014 \*\*\*150.00 Principal Place of Business Mailing Address 1881 N UNIV DR 1881 N UNIV DR SHITE 201 SHITE 201 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33071-6095 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2030238 Not ≙<sub>133</sub>.... Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~ ~ -7.-Name and Address of New Registered Agent ~ 6. Name and Address of Current Registered Agent KIRSCH, FREDERIC G Street Address (P.O. Box Number is Not Acceptable) **1881 N UNIV DR** STE 201 CORAL SPGS FL 33065 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. \_ ·::::::: ☐ Change ☐ Delete TITLE TITLE NAME KIRSCH, FREDERIC G NAME STREET ADDRESS STREET ADDRESS 1881 N. UNVIERSITY DR. CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL Change ☐ Additior ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change D' Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:

NOTIFED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR