

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90066 010 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 692382

1. Entity Name

E. LYNN MCLARTY, D.D.S. AND MARY ANNE BUTLER, D.D.S.
 P.A.

Principal Place of Business

Mailing Address

1919 MICCOSUKEE ROAD
 C/O E LYNN MCLARTY
 TALLAHASSEE FL 32308

1919 MICCOSUKEE ROAD
 C/O E LYNN MCLARTY
 TALLAHASSEE FL 32308-5321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2110313

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

MCLARTY, E LYNN
 1919 MICCOSUKEE ROAD
 TALLAHASSEE FL 32308

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Delete
NAME	MCLARTY, E LYNN	
STREET ADDRESS	1919 MICCOSUKEE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, MARY ANNE	
STREET ADDRESS	1919 MICCOSUKEE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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:

E. Lynn Mclarty
 E. LYNN MCLARTY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 21, 2000
 Date

850-818-1200
 Daytime Phone #

CRZE034 (9/99)