

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705514

1. Entity Name

THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Principal Place of Business

Mailing Address

DR R. R. ROSS
2720 SE 17TH ST
OCALA FL 34471
US

DR R. R. ROSS
2720 SE 17TH ST
OCALA FL 34471-5519
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1313117

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROSS, R R DR
2720 SE 17TH ST
OCALA FL 34471

DR. R. R. REED

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☐ Delete
NAME KOCHENOUR, WILLIAM L DR
STREET ADDRESS 3005 ENTERPRISES RD E
CITY-ST-ZIP CLEARWATER FL 33759

TITLE VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☒ Delete
NAME REED, DR., R.R. (KIM)
STREET ADDRESS 2720 S.E. 17TH STREET
CITY-ST-ZIP Ocala FL

TITLE D ☐ Change ☒ Addition
NAME JACOBUS, BRIAN B DR
STREET ADDRESS 1100 SW ST LUCIE WEST BLVD # 207
CITY-ST-ZIP PORT ST LUCIE FL 34986

TITLE T ☐ Delete
NAME CHAPMAN, STEVEN
STREET ADDRESS 108 NO PALM AVE.
CITY-ST-ZIP PALATKA FL

TITLE S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOLDIE, ROBERT S DR
STREET ADDRESS 7051 DR. PHILLIPS BLVD., SUITE 9
CITY-ST-ZIP ORLANDO FL 32819

TITLE T ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARDEN, DAVID R DR
STREET ADDRESS 3540 S THIRD ST
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME STEVENS, LUCAS E
STREET ADDRESS 1309 THOMASWOOD DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] DR. R. R. REED, DDS, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

352 7325111

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90046 017 ****61.25

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DO NOT WRITE IN THIS SPACE