

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # 705514**

1. Entity Name

THE FLORIDA ASSOCIATION OF ORTHODONTISTS, INC.

Principal Place of Business

Mailing Address

DR R R REED
2720 SE 17TH ST
OCALA
34471
USDR R R REED
2720 SE 17TH ST
OCALA
34471
US

2. Principal Place of Business

LISSETTE LEMES

3. Mailing Address

LISSETTE LEMES

Suite, Apt. #, etc.

5100 BURCHETTE RD #3300

Suite, Apt. #, etc.

5100 BURCHETTE RD #3300

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33647

Country

US

Zip

33647

Country

US

4. FEI Number

59-1313117

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REED R RDR
2720 SE 17TH STOCALA FL
34471

7. Name and Address of New Registered Agent

Name
LEMES LISSETTE MMS.Street Address (P.O. Box Number is Not Acceptable)
5100 BURCHETTE RD #3300City
TAMPA FL Zip Code
33647

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 **LISSETTE LEMES**

05/01/2001

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENS LUCAS E	
STREET ADDRESS	1309 THOMASWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARDEN DAVID RDR	
STREET ADDRESS	3540 S THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOLDIE ROBERT SDR	
STREET ADDRESS	7051 DR. PHILLIPS BLVD., SUITE 9	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPMAN STEVEN	
STREET ADDRESS	108 NO PALM AVE.	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBUS BRIAN BDR	
STREET ADDRESS	1100 SW ST LUCIE W BLVD #207	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34986	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOCHENOUR WILLIAM LDR	
STREET ADDRESS	3005 ENTERPRISES RD E	
CITY-ST-ZIP	CLEARWATER FL 33759	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOACHENOUR WILLIAM LDR.	
STREET ADDRESS	3005 ENTERPRISE RD E	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDEN DAVID RDR	
STREET ADDRESS	3540 S THIRD ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDIE ROBERT SDR	
STREET ADDRESS	7051 DR. PHILLIPS BLVD #9	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBUS BRIAN BDR	
STREET ADDRESS	1100 SW ST LUCIE W BLVD #207	
CITY-ST-ZIP	PORT ST. LUCIE FL 32250	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN STEVE ADR	
STREET ADDRESS	3520 ST. JOHNS AVE	
CITY-ST-ZIP	PALATKA FL 32177	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **William Kochenour**

P

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)