2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90084 007 ****61.25

DOCUMENT # 705573

1. Entity Name

THE FLORIDA SOCIETY OF ORAL AND MAXILLOFACIAL SU

Principal Place of Business	Mailing Address
1113 E. TENNESSEE STREET 101 TALLAHASSEE FL 32308 US	1113 E. TENNESSEE STREET 101 TALLAHASSEE FL 32308-6915 US

DO NOT WRITE IN THIS SPACE

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 59-1615847 ☐ 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
GAMWELL, KAY 1113 E. TENNESSEE STREET #101 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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FISHER, HOWARD E 1755 LEWIS TURNER BLVD FT WALTON BEACH FL 32547	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Kotkis Stephen J. 3939 Hollywood Blvd 1st F w. Hollywood FL 33021	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE DENNIS, MATTHEW J 3001 EASTLAND BLVD, #2 CLEARWATER FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Engebretson Shawn 821 E Ocean Blvd Stuart FL 34994	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KOTKIS, STEPHEN J 3939 HOLLYWOOD 1ST FL, W HOLLYWOOD FL 33021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st VPD Hogan Timothy 5285 Summerlin Rd Ft Myers FL 33919	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOGAN, TIMOTHY 5285 SUMMERLIN RD/#101 FT. MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2nd VPD Tucker Mark 13000 Bruce B Downs Blvd #160 Tampa FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED FISHER, HOWARD 1755 LEWIS TURNER BLVD. FT. WALTON BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Thompson David 3300 S Tamiami Trail #7 Sarasota, FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DENNIS, MATHEW 3001 EASTLAND BLVD #2 CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Neal David 400 Avenue K SE Winter Haven FL 33880	☐ Change ☑ Addition

CR2E037 (9/99)

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 REQUIRED 1-19-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #