

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90005 047 \*\*\*\*61.25

**DOCUMENT # 711747**

1. Entity Name

**CENTRAL DISTRICT DENTAL ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**800 N MILLS AVE  
 ORLANDO FL 32803  
 US**

**800 N MILLS AVE  
 ORLANDO FL 32803-047  
 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

**59-6196823**

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

**BROXTON, LINDA R  
 800 N MILLS AVE  
 ORLANDO FL 32803**

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 **PPD** ☒ Delete  
 NAME **ALTMAN RICHARD S**  
 STREET ADDRESS **338-C N MAGNOLIA AVENUE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Antoon, James**  
 STREET ADDRESS **1281 Florida Ave S.**  
 CITY-ST-ZIP **Rockledge, Florida 32955-2439**

TITLE **PP** ☒ Delete  
 NAME **HAMMOND, ROBERT**  
 STREET ADDRESS **624 S RIDGEWOOD AVE STE B**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **1st Vice President** ☐ Change ☒ Addition  
 NAME **Langan, Michael**  
 STREET ADDRESS **610 N. Mills Avenue**  
 CITY-ST-ZIP **Orlando, Florida 32803**

TITLE **T** ☐ Delete  
 NAME **CALDERONE, JOE**  
 STREET ADDRESS **415 SUMMER HAVEN DR.**  
 CITY-ST-ZIP **DEBARY FL 32713**

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

TITLE **V** ☐ Delete  
 NAME **ERBES, DONALD**  
 STREET ADDRESS **2610 NW 38TH DR**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **President Elect** ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☐ Delete  
 NAME **ILKKA, DON**  
 STREET ADDRESS **8301 COUNTY RD., 44LEG A**  
 CITY-ST-ZIP **LEESBURG FL 34788**

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

TITLE **PPD** ☒ Delete  
 NAME **DIETRICH SUSAN L**  
 STREET ADDRESS **2801 SW COLLEGE RD #17**  
 CITY-ST-ZIP **OCALA FL**

TITLE **2nd Vice President** ☐ Change ☒ Addition  
 NAME **Heough, Lec Anne**  
 STREET ADDRESS **2701 SW 34th St**  
 CITY-ST-ZIP **Ocala, Florida 34474-4474**

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/02**

Date

**407-898-3481**

Daytime Phone #

CR2E037 (9/01)