2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90040 012 ****61.25

DOCUMENT # 717996

1. Entity Name

FLORIDA ASSOCIATION OF PERIODONTISTS, INC.

Principal Place of Business	Mailing Address
2929-A CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308 US	2929-A CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308-4407 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
907 Beaver Creek Lane	4244 W. Tennessee St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #314
City & State: Havana, FL	City & State: Tallahassee, FL
Zip: 32333 Country: US	Zip: 32304 Country: US

4. FEI Number: 23-7264533 ☐ 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
DOZIER, JOHN S 2929-A CAPITAL MEDICAL BLVD. TALLAHASEE FL 32308	Name: Frances A. Dover Street Address (P.O. Box Number is Not Acceptable): 4244 W. Tennessee St. #314 City: Tallahassee FL Zip Code: 32304

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: Frances A. Dover — 4/17/00
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	D ROGERS, RAYMOND 300 GATLIN AVE. ORLANDO FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Hauer, Lee 4350 Sheridan St. #2010 Hollywood, FL 33021	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOZIER, JOHN S 2929-A CAPITAL MEDICAL BLVD. TALLAHASSEE FL 32308	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Stevens, Carol W. 1777 Tamiami Trail, #407 Port Charlotte, FL 33948	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FETNER, ALAN 4205 BELT RD #4080 JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dover, Frances A. 4244 W Tennessee St. #314 Tallahassee, FL 32304	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: FRANCES A. DOVER Frances A. Dover — 4/17/00 — 850-539-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #