

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90091 017 ****70.00

DOCUMENT # 718462

1. Entity Name

DENTAL SOCIETY OF GREATER ORLANDO, INC.

Principal Place of Business

Mailing Address

800 N. MILLS AVENUE
 ORLANDO FL 32803-1022

800 N. MILLS AVENUE
 ORLANDO FL 32803-4022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7098111

Applied For

Not Applicable

Zip

Country

Zip

Country

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 AVENUE
ORLANDO FL 32803-1022

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 Delete
 NAME **PPD**
 STREET ADDRESS **LANE, TIM**
 CITY-ST-ZIP **609 MAITLAND AVE.**
ALTAMONTE SPRINGS FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V**
 STREET ADDRESS **KAHN, BERNARD**
 CITY-ST-ZIP **926 N MAITLAND AVE**
MAITLAND FL 32751

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
 STREET ADDRESS **MATTESON, ROB**
 CITY-ST-ZIP **1340 TUSKAWILLA RD #108**
WINTER SPRINGS FL 32708

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
 STREET ADDRESS **PRICE, ALAN**
 CITY-ST-ZIP **199 E WELBOURNE AVE**
WINTER PARK FL 32789

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, LUCIEN S D.M.D.**
 CITY-ST-ZIP **6161 WINEGARD**
ORLANDO FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **MCINTOSH, DAVID**
 CITY-ST-ZIP **520 S MAITLAND AVE**
MAITLAND FL 32751

TITLE 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:

David McIntosh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

407-896-8784

Date

Daytime Phone #

CR2E037 (9/99)