

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90027 022 ****70.00

DOCUMENT # 718462

1. Entity Name

DENTAL SOCIETY OF GREATER ORLANDO, INC.

Principal Place of Business

800 N. MILLS AVENUE
 ORLANDO FL 32803-1022

Mailing Address

800 N. MILLS AVENUE
 ORLANDO FL 32803-1022

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

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

TITLE NAME Change Addition
 Secretary Tillery, Don
 STREET ADDRESS 1355 N. Orange Ave # 3
 CITY-ST-ZIP Winter Park, Florida 32789

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

TITLE NAME Change Addition
 President

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

TITLE NAME Change Addition
 Vice President

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

TITLE NAME Change Addition
 PPD

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

TITLE NAME Change Addition

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

TITLE NAME 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: **SIGNATURE REQUIRED**

3-26-01

407-894-9798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

CR 7197

00040379



DO NOT WRITE IN THIS SPACE