

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735952

1. Entity Name

EAST COAST DISTRICT DENTAL HYGIENISTS' SOCIETY, INC.

FILED

Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90063 020 ****61.25

Principal Place of Business

Mailing Address

2925 NE 199 ST
SUITE 309
AVENTURA FL 33180

18804 NW 13 STREET
PEMBROKE PINES FL 33029

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

59-1694374

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

HAYDEN, LISA
18804 NW 13 STREET
PEMBROKE PINES FL 33029

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 PD
NAME HORNBURGER, NANNETTE ☐ Delete
STREET ADDRESS 8270 NW 185 ST
CITY-ST-ZIP MIAMI FL 33016

TITLE President ☒ Change ☐ Addition
NAME Manuela Rendl
STREET ADDRESS 2671 SW 79th Ave Apt 207
CITY-ST-ZIP Doral FL 33328

TITLE VD
NAME LYNCH, KRIS ☐ Delete
STREET ADDRESS 1880 NE 202 TERRACE
CITY-ST-ZIP N. MIAMI FL 33179

TITLE Vice President ☒ Change ☐ Addition
NAME Deana Joy
STREET ADDRESS 6110 Portsmouth Lane
CITY-ST-ZIP Doral FL 33311

TITLE T
NAME HAYDEN, LISA ☐ Delete
STREET ADDRESS 18804 NW 13ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE SD
NAME MEADOR, BETTY ☐ Delete
STREET ADDRESS 14818 BRECKNESS PL
CITY-ST-ZIP MIAMI LAKES FL 33016

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

TITLE PD
NAME CAMERON, CARROLL ☐ Delete
STREET ADDRESS 7305 SW 123RD TERRACE
CITY-ST-ZIP MIAMI FL 33156

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)