

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90042 022 \*\*\*\*61.25

**DOCUMENT # 753118**

1. Entity Name

**CHILDREN'S DENTAL RESEARCH SOCIETY, INC.**

Principal Place of Business

Mailing Address

C/O DR FRANCES B GLENN  
 7741 SW 62ND AVE STE 101  
 SOUTH MIAMI FL 33143

C/O DR FRANCES B GLENN  
 7741 SW 62ND AVE STE 101  
 SOUTH MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

1976 Ocean Ridge Circle

1976 Ocean Ridge Circle

Suite, Apt. #, etc.

Suite/Apt. #, etc.

Suite 101

Suite 101

City & State

City & State

Vero Beach

Vero Beach, FL

Zip

Zip

32963-2730

32963-2730

Country

Country

Indian River

Indian River

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLENN, FRANCES B DR  
 7741 SW 62ND AVE  
 MIAMI FL 33143

Name  
 (Same) Glenn, Frances B. Dr.

Street Address (P.O. Box Number is Not Acceptable)  
 1976 Ocean Ridge Circle, 101

City VERO BEACH FL Zip Code 32963

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 STREET ADDRESS CITY-ST-ZIP	VD GLENN, WILLIAM D M III 7741 SW 62ND AVE SOUTH MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GLENN, PAULINE O AB MS 7741 SW 62ND AVE SOUTH MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLENN, FRANCES B DDS 7741 SW 62ND AVE S MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Glenn, William D. M III 1976 Ocean Ridge Circle, 101 Vero Beach, FL 32963-2730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR Glenn, Pauline O 45 S. Lopez Lane Chokoloskee, FL 34138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Glenn, Frances B DDS 1976 Ocean Ridge Circle, 101 Vero Beach, FL 32963-2730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CF2E037 (9/01)