

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753257

1. Entity Name

FLORIDA DENTAL HEALTH FOUNDATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90048 047 ****70.00

Principal Place of Business	Mailing Address
% DANIEL J. BUKER 1111 E. TENNESSEE ST., STE 100 TALLAHASSEE FL 32308 US	C/O DANIEL J. BUKER 1111 E. TENNESSEE ST., STE 100 TALLAHASSEE FL 32308-6914 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2019148	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUKER, DANIEL J. MR. 1111 E. TENNESSEE ST. TALLAHASSEE FL 32308	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 _____ (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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AUTO, C W	NAME	
STREET ADDRESS	195 BRAIRCLIFF DR #111	STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOW, SAMUEL B	NAME	
STREET ADDRESS	P.O. BOX 100434	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32610	CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKER, DANIEL J	NAME	
STREET ADDRESS	1111 E. TENNESSEE STREET	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITMOSER, HENRY G	NAME	
STREET ADDRESS	1716 UNIVERSITY BLVD. S.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, RAYMOND H	NAME	
STREET ADDRESS	943 CESERY BLVD.	STREET ADDRESS	JACKSONVILLE, FL 32211-5607
CITY-ST-ZIP	JACKSONVILLE FL 32277	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, WILLIAM	NAME	
STREET ADDRESS	1000 RIVERSIDE AVE.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32231	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:

NOTARIZATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel J. Baker, Admin. Secretary
4/5/2000 (859) 681-3629
Daytime Phone #

CR2E037 (9/99)