

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 759406**

1. Entity Name

UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIA**FILED****Jan 19, 2000 8:00 am
Secretary of State**

01-19-2000 90021 001 ****61.25

Principal Place of Business

Mailing Address

1600 SW ARCHER RD
GAINESVILLE FL 32610
US1600 SW ARCHER RD
C/O 108 NORTH PALM AVENUE
GAINESVILLE FL 32610
US

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

59-2267501

Applied For

☒ Not Applicable5. 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

CHAPMAN, STEVE
108 NORTH PALM AVENUE
PALATKA FL 32077Name *Calogero Dolce*

Street Address (P.O. Box Number is Not Acceptable)

*1600 ARCHER RD**Dental D7-19*City *GAINESVILLE***FL**Zip Code
32610

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	JUSTICE, MARK	2381 E. MAIN STREET	SNELLVILLE GA	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	GESENHUES, ELIZABETH	1723 BLANDING BLVD.	JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete	P	Calogero Dolce	8430 SW 23rd PL	GAINESVILLE FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	WHEELER, TIM	UNIV OF FL. COLLEGE OF DENTISTRY	GAINESVILLE FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	CHAPMAN, STEVE	108 N. PALM AVENUE	PALATKA FL 32177	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
V	MARTIN, CELIA S	2841 N.W. 41ST ST.	GAINESVILLE FL 32606	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST	LECOMPT, JOE	108 N. PALM AVE.	PALATKA FL 32177	<input type="checkbox"/> Delete					<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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/00 352 392-4135

CR2E037 (9/99)