

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759406

1. Entity Name

UNIVERSITY OF FLORIDA ORTHODONTIC ALUMNI ASSOCIATION, INC.

Principal Place of Business

1600 SW ARCHER RD  
GAINESVILLE FL 32610  
US

Mailing Address

1600 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

NOT APPLICABLE

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

CALOGERO, DULCE  
1600 ARCHER RD  
GAINESVILLE FL 32610

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	VD	<input type="checkbox"/> Delete
NAME	JUSTICE, MARK	
STREET ADDRESS	2381 E. MAIN STREET	
CITY-ST-ZIP	SNELLVILLE GA	
TITLE	P	<input type="checkbox"/> Delete
NAME	CALOGERO, DOLCE	
STREET ADDRESS	8430 S.W 23RD PL	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHEELER, TIM	
STREET ADDRESS	UNIV OF FL. COLLEGE OF DENTISTRY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, STEVE	
STREET ADDRESS	108 N. PALM AVENUE	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, CELIA S	
STREET ADDRESS	2841 N.W. 41ST ST.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LECOMPTE, JOE	
STREET ADDRESS	108 N. PALM AVE.	
CITY-ST-ZIP	PALATKA FL 32177	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED  
Mar 07, 2002 8:00 am  
Secretary of State

03-07-2002 90237 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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392-4135