

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90164 024 ****61.25

DOCUMENT # 761092

1. Entity Name

THE AMERICAN SOCIETY OF RETIRED DENTISTS, INC.

Principal Place of Business

Mailing Address

1 W CAMINO REAL BV #207
 BOCA RATON FL 33432

1 W CAMINO REAL BV #207
 BOCA RATON FL 33432-5966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2177813

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MACKLER, HARRY
11050 BOCA WOODS LANE
BOCA RATON FL 33428

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

T Delete
ELLIOTT, BRODY
801 CARAWAY CT
WELLINGTON FL 33414

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
ROSEN, ALAN
22753 ROYAL CROWN TERRACE E
BOCA RATON FL 33433

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

D Delete
MACKLER, HARRY
11050 BOCA WOODS LANE
BOCA RATON FL 33428

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
MACKLER, HARRY
11050 BOCA WOODS LANE
BOCA RATON FL 33428

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE 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:

HARRY MACKLER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY MACKLER 1/5/00 561 395 2773
 Date Daytime Phone #

CR2E037 (9/99)