

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90301 043 \*\*\*\*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

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

**59-2177813**

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

**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  
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 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 REQUIRED**

**HARRY MACKLER 1/16/02 Sld 3952 773**

CR2E037 (9/01)