

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~ET8440~~ **F09883**  
 1. Entity Name  
**SHELDON M. SEIDMAN D.D.S., P.A.**

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90028 033 \*\*\*150.00

Principal Place of Business Mailing Address  
**5329 W. ATLANTIC AVE**  
**DELRAY BEACH, FL**  
**33484** **SAME**

2. Principal Place of Business 3. Mailing Address  
**7601 VENTURA LANE**  
 Suite, Apt. #, etc. **PARKLAND**  
 Suite, Apt. #, etc. **PARKLAND**

City & State City & State  
**FL 33067** **PARKLAND FL**  
 Zip ↓ Country **US** Zip **33067** Country **US**

4. FEI Number **59 2055417**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHELDON M. SEIDMAN DDS**  
**7601 VENTURA LANE**  
**PARKLAND, FL 33067**

7. Name and Address of New Registered Agent  
 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

9. This Corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing: **\$5.00** May Be Added to Fees  
 Trust Fund Contribution ☐

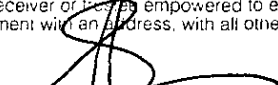
## 11. OFFICERS AND DIRECTORS

|                |                                          |
|----------------|------------------------------------------|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>SHELDON M. SEIDMAN DDS</b>            |
| STREET ADDRESS | <b>7601 VENTURA LANE</b>                 |
| CITY-STATE-ZIP | <b>PARKLAND, FL 33067</b>                |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-STATE-ZIP |                                          |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-STATE-ZIP |                                          |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-STATE-ZIP |                                          |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |                                          |
| STREET ADDRESS |                                          |
| CITY-STATE-ZIP |                                          |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 607, Florida Statutes, and that my name appears in Block 11 or Block 12 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SHELDON SEIDMAN DDS** **4/4/00** **954 341 7331**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Printing Number

CR20034 (9/99)