

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004610

1. Entity Name

DONALD J. SAMMARCO, D.D.S., P.A.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90037 001 ***550.00

Principal Place of Business

742 N. FERN CREEK AVE
 ORLANDO FL 32803

Mailing Address

742 N. FERN CREEK AVE
 ORLANDO FL 32803

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

52-1098213

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

LEFKOWITZ, IVAN M
 430 N. MILLS AVE
 ORLANDO FL 32803

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 *Don J Sammarco*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

24 August 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME CPST
 STREET ADDRESS SAMMARCO, DONALD J DDS
 CITY-ST-ZIP 742 N. FERN CREEK AVE
 ORLANDO FL 32803

TITLE ☐ Delete
 NAME T
 STREET ADDRESS SAMMARCO, KRISTIN J
 CITY-ST-ZIP 851 BARR ST
 QUIEDO FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME DONALD J. SAMMARCO, DDS
 STREET ADDRESS 851 BARR ST
 CITY-ST-ZIP QUIEDO, FL 32765

TITLE ☒ Change ☐ Addition
 NAME T
 STREET ADDRESS KRISTIN J. MEYER
 CITY-ST-ZIP 851 BARR ST
 QUIEDO, FL 32765

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don J Sammarco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 August 2000

Date

407-365-9772

Daytime Phone #

CR2E034 (5/00)