

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005549

1. Entity Name

DENTAL CARE ALLIANCE, INC.

JAN 02 2001

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90079 001 *3,300.00

0412298

Principal Place of Business

1343 MAIN ST. 7TH FLR
SARASOTA FL 34236

Mailing Address

1343 MAIN ST. 7TH FLR
SARASOTA FL 34236

2. Principal Place of Business

1 S. School Avenue

3. Mailing Address

1 S. School Avenue

Suite, Apt. #, etc.

Suite 1000

Suite, Apt. #, etc.

Suite 1000

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34237

Country

US

Zip

34237

Country

US

4. FEI Number

65-0555126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATZKIN, STEVEN R
1343 MAIN ST, 7TH FLR
SARASOTA FL 34236

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, 2001 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	MATZKIN, STEVEN R	
STREET ADDRESS	1343 MAIN ST, 7TH FLR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	V	<input type="checkbox"/> Delete
NAME	OLAN, MITCH	
STREET ADDRESS	1343 MAIN STREET, 7TH FLOOR	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/01

Date

Daytime Phone #

CR2E034 (10/00)