2000 UNIFORM BUSINESS REPORT (UBR)						APPROV	ΈD	00'	val 7	_	
DOCU 1. Entity Nam	ray so			AND) .	יט	,				
Amer: Dent:			00	OCT 17 A	M 7: 25	;)					
270 (cofBusiness Corporate Drive son, WI 43714	Mailing Address		, 6	S TA	ECRETARY OF LLAHASSEE.	STATE FLORIDA				
2. Principal P	Place of Business	3. Mailing Address			٠.						
2103 59th St. W. Suite, Apt. #, etc.		c/o Edwards & Edwards, (Suite Apt.#, etc. 717 12th Street W.		s. C	CPAs DO NOT WRITE IN THIS SPACE						
City & State Bradenton FL		City & State		4. FEI Number 58-2392059					plied For t Applicable		
Zip	Country	Bradenton, FL	Country	-		of Status Desired		8.75 Add	itional		
34209	USA 6. Name and Address of Current i	34205	USA			Fee Required Address of New Registered Agent					
or status and Modiese of College resistance with the				Name							
	es D. Jackman orney at Law		Street A	Street Address (P.O. Box Number is Not Acceptable)							
4608	8 26th Street W.			in the second se							
Brac	denton, FL 34207	,	City	FL Zip Code							
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r registere	ed agent, or both	n, in the state of Flor	ida.	<u></u>			
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SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if englicable (NOTE: F	Registered Agent signal	ture required	when reinstating)		DATE				
	Signature, special principles									_	
FILE NOW: FEE IS \$61.25		Election Campaign F Trust Fund Contributi			O May Be I to Fees		i Check i serenent	ayable to of State		 	
10.	OFFICERS AND DIR		11.		···-	NGES TO OFFICER	RS AND DIR		10 Addition	ć	
TITLE NAME	President /O	🔀 Delete	TITLE NAME		sident	<i>/D</i> s Jungmar	1 ·	Change	☐ Addition	0,0	
STREET ADDRESS CITY-ST-ZIP	Steven Krouse 7208 Beneva Rd.	S.	STREET ADDRESS CITY-ST-ZIP	210	3 59th	Street W.	,		.*	7000	
TITLE	Sarasota, FL 34238 President-Elect/9			Vic	e-Presi	_FI_34209 dent /ø	1	Change	☐ Addition	٥	
NAME STREET ADDRESS	Doug Jungman	NAME STREET ADDRESS	Dr.	John T	ague Street N.				ĺ		
CITY-ST-ZIP	2103 59th Street Bradenton, FL 34		CITY-ST-ZIP	Ŝt.	Peters	burg, FL	33710)			
TITLE	Secretary /0 Diane Wright-Ras 1202 Millenium I	□ Delete	TITLE NAME	Tre	asurer	/ <i>p</i> m Strupp		☐ Change	Addition X		
NAME STREET ADDRESS	1202 Millenium I	kwy	STREET ADDRESS	237	6 Sunse	t Point F					
CTTY-ST-ZIP	Brandon, FL		CITY-ST-ZIP	Cle	<u>arwater</u>	<u>, FL 3462</u>	25	Chann	Addition	ļ	
TITLE NAME	Treasurer / <i>O</i> John Tague	Defete	TITLE , NAME	,	er	אכים בות בות י	Lad office	Change			
STREET ADDRESS CITY-ST-ZIP	DRESS 1701 66th St. N.				<u> </u>	000034 -11/02/	กกกา	NTI09	21		
TITLE	St. Petersburg,	Delete	CITY-ST-ZIP			*****7	ن للليل	Change	Addition		
NAME STREET ADDRESS			NAME STREET ADDRESS		•				, ,		
CITY-ST-ZIP			CITY-ST-ZIP					A ~			
TITLE NAME		☐ Delete	TITLE NAME				Λ	Change 1	Addition	i	
STREET ADDRESS			STREET ADDRESS					*			
CITY-ST-ZIP			CITY-ST-ZIP	1			(1	

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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:

SIGNATURE AND TYPE OF PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

Date of Disputing Phone #

192 of Z

EDWARDS & EDWARDS, CPAs, P.A.

717 12th Street West Bradenton, Florida 34205 Telephone: 941-750-6411 Fax: 941-746-2910

Michelle Milligan
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

September 21, 2000

Re: American Academy of Cosmetic Dentistry Florida Chapter, Inc.

Dear Ms. Milligan:

We have completed and enclosed the 2000 Uniform Business Report for the above referenced client with the attached fee of \$ 70.00.

Pursuant to our conversation, we are requesting waiver of any reinstatement fee or late - - - fee due to the fact that the 2000 Uniform Business Report was mailed to the wrong address in Wisconsin. We have corrected the mailing address to our office to prevent any future mailings to the wrong address.

Thank you in advance for your assistance in this matter. We have enclosed a copy of your letter dated September 15, 2000 requesting return of the corrected report within 30 days for your reference.

Sincerely

Scott Edwards, CPA

cc: Dr. Douglas Jungman

Enclosures: 2000 Uniform Business Report