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2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Feb 14, 2001 8:00 am DOCUMENT # **F99000005250 Secretary of State** 1. Entity Name 02-14-2001 90019 001 ****61.25 FLORIDA ACADEMY OF COSMETIC DENTISTRY, AN AFFILI Principal Place of Business Mailing Address 2103 59TH ST. W. 2103 59TH ST. W. **BRADENTON FL 34209** 716450 **BRADENTON FL 34209** 3. Mailing Address 717 12th Street West 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-2392059 Bradenton, F1Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34205 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JACKMAN, JAMES D ESQ. 4608 26TH ST. W. **BRADENTON FL 34207** City 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. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change Addition TITLE X Delete TITLE JUNGMAN, DOUGLAS DR. NAME NAME STREET ADDRESS STREET ADDRESS 2103 59TH ST. W. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** PED K Change TITLE □ Delete TITLE ___ Addition JUNGMAN, DOUG NAME NAME JUNGHAN, DOUG DR STREET ADDRESS STREET ADDRESS 2103 59TH STREET WEST 2103 59TH STREET WEST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** BRADENTON, FL 34209 ____ Addition_ TITLE Delete Delete TITLE Change VPD-NAME WRIGHT-RAGGARD, DIANE NAME WRIGHT, DIANE DR 1202 MILLENIUM PARKWAY STREET ADDRESS STREET ADDRESS 1202 MILLENUM PKWY CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL** BRAHDON, FL. VPD ☐ Delete TITLE TITLE K Change ☐ Addition TAGUE, JOHN DR. TAGUE, JOHN DR STREET ADDRESS STREET ADDRESS 1701 66TH STREET N. 1701 66TH STREET N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33710 ST PERERSBURG, FL.33710 T Change TITLE ☐ Delete TITLE ☐ Addition SD NAME STRUPP, WILLIAM DR. NAME STRUPP, WILLIAM DR STREET ADDRESS STREET ADDRESS 2376 SUNSET POINT ROAD 2376 SUNSET POINT ROAD CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34625** CLEARWATER, FL. 34626 TITLE ☐ Delete TITLE ·] Change Addition TD NAME NAME COSTELLO, FREDRICK DR STREET ADDRESS STREET ADDRESS CITY-SI-ZIP | CITY-SI-ZIP | 10.89 | WEST GRAMADA BLVD | SUITE #1 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

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

Daytime Phone #