

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90122 039 ****61.25

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1. Entity Name
**FLORIDA ACADEMY OF COSMETIC DENTISTRY, AN AFFILI
ATE OF THE AMERICAN ACADEMY OF COSMETIC DENTISTR**

Principal Place of Business

**2103 59TH ST. W.
BRADENTON FL 34209**

Mailing Address

**717 12TH STREET WEST
BRADENTON FL 34205**

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 **58-2392059**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKMAN, JAMES D ESQ.
4608 26TH ST. W.
BRADENTON FL 34207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **JUNGMAN, DOUG DR**
STREET ADDRESS **2103 59TH STREET WEST**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE **T/D** ☐ Change ☒ Addition
NAME **TROXEL, CHARLES, D.D.S.**
STREET ADDRESS **30180 OVERSEAS HIGHWAY**
CITY-ST-ZIP **BIG PINE KEY, FL 33043**

TITLE **VPD** ☒ Delete
NAME **WRIGHT, DIANE DR**
STREET ADDRESS **1202 MILLENIUM PARKWAY**
CITY-ST-ZIP **BRANDON FL**

TITLE **S/D** ☐ Change ☒ Addition
NAME **RICHARDSON, RONALD, D.D.S.**
STREET ADDRESS **1704 AIRPORT BLVD.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **PD** ☒ Delete
NAME **TAGUE, JOHN DR.**
STREET ADDRESS **1701 66TH STREET N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

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

TITLE **SD** ☐ Delete
NAME **STRUPP, WILLIAM DR.**
STREET ADDRESS **2376 SUNSET POINT ROAD**
CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **P/D** ☒ Change ☐ Addition
NAME **STRUPP, WILLIAM, D.D.S.**
STREET ADDRESS **2376 SUNSET POINT ROAD**
CITY-ST-ZIP **CLEARWATER, FL 33765**

TITLE **TD** ☐ Delete
NAME **COSTELLO, FREDRICK DR**
STREET ADDRESS **1089 WEST GRANADA BLVD. SUITE #1**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V/D** ☒ Change ☐ Addition
NAME **COSTELLO, FREDERICK, D.D.S.**
STREET ADDRESS **1089 WEST GRANADA BLVD**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SICILIA A. HARRIS**

30/Jan 03 727 799 10/11

CR2E037 (10/02)