

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12627

1. Entity Name

ASSOCIATES IN DENTAL CARE OF NORTH FORT MYERS, P

Principal Place of Business

6213 PRESIDENTIAL COURT, SUITE A  
FORT MYERS FL 33919

Mailing Address

6213 PRESIDENTIAL COURT, SUITE A  
FORT MYERS FL 33919-3564

2. Principal Place of Business

13720 NO CLEVELAND AVE

3. Mailing Address

13720 NO CLEVELAND AVE

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

NO. FORT MYERS, FL

City & State

NO. FT. MYERS FL

Zip

33903

Country

USA

Zip

33903

Country

USA

6. Name and Address of Current Registered Agent

DOLENCE, MARTIN E JR.  
6213 PRESIDENTIAL COURT, SUITE A  
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

DR. ROBERT F. RAPP

Street Address (P.O. Box Number is Not Acceptable)

13720 NO. CLEVELAND AVE

SUITE A

City

FT. MYERS

FL

Zip Code

33903

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 not applicable

DR. ROBERT F. RAPP

DATE

03-29-00

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, 2000 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 PD  
NAME RAPP, ROBERT F DR.  
STREET ADDRESS 13720 NORTH CLEVELAND AVE., SUITE A  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

☐ Delete

TITLE T  
NAME DOLENCE, MARTIN E JR.  
STREET ADDRESS 6213 PRESIDENTIAL COURT, SUITE A  
CITY-ST-ZIP FORT MYERS FL 33919

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

DR. ROBERT F. RAPP

03-29-00 1-(941) 656-5556

Date

Daytime Phone #

FILED  
Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90179 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2484257

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

CR2E034 (9/99)