

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90055 004 ***150.00

DOCUMENT # H63645

1. Entity Name

GREG T. RUSSELL, D.M.D., P.A.

Principal Place of Business

Mailing Address

C/O GREG T. RUSSELL, D.M.D.
 MS STE 7101, 2507 US 1 SOUTH
 ST AUGUSTINE FL 32086

C/O GREG T. RUSSELL, D.M.D.
 MS STE 7101, 2507 US 1 SOUTH
 ST AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2535 U.S. 1 SOUTH, SUITE #2

3. Mailing Address

POST OFFICE BOX 3184

Suite, Apt. #, etc.

SUITE #2

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FLORIDA

City & State

ST. AUGUSTINE, FLORIDA

4. FEI Number

59-2495436

Applied For

Not Applicable

Zip

32086

Country

ST. JOHNS

Zip

32085

Country

ST. JOHNS

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

RUSSELL, GREG T., D.M.D.

**2507 US 1 SOUTH
 M.S. SUITE 7107
 ST AUGUSTINE FL 32086**

2535 U.S. 1 SOUTH, STE #2

Name

RUSSELL, GREG T. D.M.D.

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

2535 U.S. 1 SOUTH, SUITE #2

City

ST. AUGUSTINE

FL

Zip Code
32086

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|----------------------------------------|---------------------------------|------------------------|---------------------------------|
| PD RUSSELL, GREG T., D.M.D. | 2507 US 1 SOUTH STE 7107 | ST AUGUSTINE FL | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------------------------------|------------------------------------|--------------------------------|--------------------------------------------|-----------------------------------|
| PD RUSSELL, GREG T., D.M.D. | 2535 U.S. 1 SOUTH, SUITE #2 | ST. AUGUSTINE, FL 32086 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> 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

5/18/2000 **904-797-7901**
 Date Daytime Phone #

CR2E034 (9/99)