

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 15, 2000 8:00 am**
Secretary of State

04-17-2000 90116 033 ***150.00

DOCUMENT # J31896

1. Entity Name

I. WARREN HERSCH, D.M.D., P.A.

Principal Place of Business

Mailing Address

**8454 NORTHCLIFF BLVD.
SPRINGHILL FL 34606****8454 NORTHCLIFF BLVD.
SPRINGHILL FL 34606-1140**

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 **59-2712688**

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

**HERSCH, I. WARREN, D.M.D.
8454 NORTHCLIFF BLVD.
SPRINGHILL 34606**

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.

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 State10. 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
**DPS
HERSCH, I. WARREN, DMD
8454 NORTHCLIFFE RD.
SPRINGHILL FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HERSCH, I. WARREN, DMD
8454 NORTHCLIFFE RD.
SPRINGHILL FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
I. Warren Hersch, DMD
8454 Northcliffe Blvd
Spring Hill, FL 34606** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition13. I hereby certify
indicated on this
of the corporation
changed, or onated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
have the same legal effect as if made under oath; that I am an officer or director
after 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-00 352-867122