

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90068 039 ***150.00

DOCUMENT # J31896

1. Entity Name

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

Principal Place of Business

**8454 NORTHCLIFF BLVD.
 SPRINGHILL FL 34606**

Mailing Address

**8454 NORTHCLIFF BLVD.
 SPRINGHILL FL 34606**

2. Principal Place of Business

823 DUNLAWTON AVE.

Suite, Apt. #, etc.

SUITE E

3. Mailing Address

823 DUNLAWTON AVE.

Suite, Apt. #, etc.

SUITE E

City & State

PORT ORANGE FL

City & State

PORT ORANGE, FL

Zip

Country

32127 VOLUSIA

Zip

Country

32127 VOLUSIA



DO NOT WRITE IN THIS SPACE

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

HERSCH, I. WARREN, D.M.D.

8454 NORTHCLIFF BLVD.

SPRINGHILL FL 34606

7. Name and Address of New Registered Agent

Name

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

823 DUNLAWTON AVE.

SUITE E

City

PORT ORANGE

FL

Zip Code

32127

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, 2002 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 **DPS** ☐ Delete
 NAME **HERSCH, I. WARREN, DMD**
 STREET ADDRESS **8454 NORTHCLIFFE RD.**
 CITY-ST-ZIP **SPRINGHILL FL**

TITLE **T** ☐ Delete
 NAME **HERSCH, I. WARREN, DMD**
 STREET ADDRESS **8454 NORTHCLIFFE RD.**
 CITY-ST-ZIP **SPRINGHILL FL**

TITLE **DPST** ☐ Delete
 NAME **HERSCH, I WARREN DMD**
 STREET ADDRESS **8454 NORTHCLIFFE BLVD**
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **823 DUNLAWTON AVE., SUITE E**
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **823 DUNLAWTON AVE. SUITE E**
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

I. WARREN HERSCH, DMD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)