

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90108 034 ***150.00

DOCUMENT # K08428

1. Entity Name

FAMILY DENTAL CARE ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

10627 RIVERCREST DRIVE
 FL 33569

10627 RIVERCREST DRIVE
 RIVERVIEW FL 33569-5437

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1000 NORTH ASHLEY DRIVE

STE 520

TAMPA FL

33602

US

4. FEI Number

59-2866691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KAVOUKLIS, MICHAEL N.
 1000 NORTH ASHLEY DRIVE
 STE 513
 TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

KAVOUKLIS, MICHAEL N

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

1000 NORTH ASHLEY DR.

STE 604

City

TAMPA

FL

Zip Code

33602

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	D KAVOUKLIS, NICHOLAS M. 2601 JETTON AVE. TAMPA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2433 W. PROSPECT RD Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

Nicholas M. Kavouklis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.00

Date

Daytime Phone #

813 221-4048 x223

CR2E034 (9/99)