

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L74608

1. Entity Name

ATLANTIC DENTAL ARTS, INC.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90113 021 \*\*\*150.00

Principal Place of Business

Mailing Address

612 N HUDSON ST  
ORLANDO FL 32808  
US

612 N HUDSON ST  
ORLANDO FL 32808-7560  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3010097

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERRICONE, GAIL J  
612 N HUDSON STREET  
ORLANDO FL 32808

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 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	PD	<input type="checkbox"/> Delete
NAME	PERRICONE, GAIL J	
STREET ADDRESS	8312 FRENCH OAK DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EBNER, STEVE	
STREET ADDRESS	11907 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHERIDAN, JOHN	
STREET ADDRESS	4020 S. SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, C.M.	
STREET ADDRESS	520 W. HWY. 436	
CITY-ST-ZIP	STE #1118 ALTAMONTE SPRINGS, FL 32714-4000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

(407) 298-8130

CR2E034 (9/99)