

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00113

1. Entity Name

LAKE COUNTY DENTAL SOCIETY, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90001 043 \*\*\*\*\*61.25

0081491

Principal Place of Business

11617 GRAND BAY  
CLERMONT FL 34711  
US

Mailing Address

11617 GRAND BAY  
3333 HWY 27  
CLERMONT FL 34711  
US

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

59-2288076

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

BLORE, KIM  
11617 GRAND BAY BLVD  
CLERMONT FL 34711

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

**FILE NOW:**

**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MURRELL, JOHN T  
STREET ADDRESS 470 HWY 18-A  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME MURRELL, JOHN T  
STREET ADDRESS 470 HWY 18-A  
CITY-ST-ZIP MOUNT DORA FL 32757 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PE  
NAME BALLESTEROS, THOMAS J  
STREET ADDRESS 826 W DESOTO ST  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME SMALL, DAVID  
STREET ADDRESS 1200 MOMINA SIDE DR.  
CITY-ST-ZIP MT DORA FL 34711 ☒ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ES  
NAME BLORE, KIM  
STREET ADDRESS 11517 GRAND BAY BLVD  
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ~~ST~~  
NAME ~~Dr. Hugh Hughston~~ ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME Dr. Hugh Hughston ☐ Change ☒ Addition  
STREET ADDRESS 3555 N. Hwy 19A  
CITY-ST-ZIP MT DORA, FL 32757

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*KIM BLORE*

3/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)