

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **N23336**

1. Entity Name

FOUNDATION FOR TOXIC FREE DENTISTRY, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90025 014 *****61.25

Principal Place of Business

Mailing Address

**5508 EDGWATER DR
ORLANDO FL 32810
US****P.O. BOX 608010
4401 REAL COURT
ORLANDO FL 32860-8010
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2852773

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

**ZIFF, SAM
4401 REAL COURT
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

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ZIFF, SAM	4401 REAL COURT	ORLANDO FL	<input type="checkbox"/>
VSD	ZIFF, MICHAEL J.	5025 BERMUDA CIRCLE	ORLANDO FL	<input type="checkbox"/>
D	HARRISON, JAMES A.	3015 CONGRESS AVE.	LAKE WORTH FL	<input type="checkbox"/>
D	SCHOEN, JOYA M.D.	341 N MAITLAND AVE	MAITLAND FL	<input type="checkbox"/>
D	SMITH, KYM	119 WESTWIND DR	DAVENPORT FL 33837	<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

SAM ZIFF
Sam Ziff PRESIDENT

Date

Daytime Phone #

2/23/01 4072953773

CR2E037 (10/00)