

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90221 012 ****61.25

DOCUMENT # N23336

1. Entity Name

FOUNDATION FOR TOXIC FREE DENTISTRY, INC.



Principal Place of Business

**5508 EDGWAY DR
ORLANDO FL 32810
US**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **59-2852773**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ZIFF, SAM**
STREET ADDRESS **4401 REAL COURT**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **VSD** ☐ Delete
NAME **ZIFF, MICHAEL J.**
STREET ADDRESS **5025 BERMUDA CIRCLE**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete
NAME **HARRISON, JAMES A.**
STREET ADDRESS **3015 CONGRESS AVE.**
CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE **D** ☐ Delete
NAME **SCHOEN, JOYA M.D.**
STREET ADDRESS **341 N MAITLAND AVE**
CITY-ST-ZIP **MAITLAND FL**

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

TITLE **D** ☐ Delete
NAME **SMITH, KYM**
STREET ADDRESS **119 WESTWIND DR**
CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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**

2/19/03

407-295-3773

CR2F037 (10/02)