

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002756

1. Entity Name

FLORIDA SOCIETY OF FACIAL PLASTIC AND RECONSTRUC

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90256 029 ****61.25

0024833

Principal Place of Business

1133 W. MORSE BLVD.
SUITE 201
WINTER PARK FL 32789

Mailing Address

1133 W. MORSE BLVD.
SUITE 201
WINTER PARK FL 32789

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

59-6201213

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

STEALEY, MARJORIE
1133 W. MORSE BLVD.
SUITE 201
WINTER PARK FL 32789

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	STD KENT, KRISTON J 1660 MEDICAL BLVD #100 NAPLES FL 34110	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED GALITZ, RICHARD 2875 NE 191 ST 303 AVENTURA FL 33180	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD HILLSTROM, ROBERT 250 2ND ST EAST #4B BRADENTON FL 34208	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPSTEIN, JEFFREY S 6280 SUNSET DR #504 MIAMI FL 33134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Adler, Stephen 900 SE Ocean Blvd., #338 Stuart, FL 34994-3502	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Galitz, Richard 2875 NE 191St. 303 Aventura, FL 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD Epstein, Jeffrey S. 6280 Sunset Dr., #504 Miami, FL 33134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)