

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N95000003305**

1. Entity Name

**COMMUNITY DENTAL HEALTH FOUNDATION, INC.****FILED****Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90353 042 \*\*\*\*61.25

0043665

Principal Place of Business

Mailing Address

**2127 N.E. COACHMAN ROAD  
CLEARWATER FL 33765  
US****2127 N.E. COACHMAN ROAD  
CLEARWATER FL 33765  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3325330**

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

**KERSTEIN, HARVEY  
2127 N.E. COACHMAN ROAD  
CLEARWATER FL 33765**

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 **D** ☐ Delete  
NAME **KERSTEIN, HARVEY**  
STREET ADDRESS **2127 N.E. COACHMAN RD.**  
CITY-ST-ZIP **CLEARWATER FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HAYSLETT, JAMES**  
STREET ADDRESS **2127 N.E. COACHMAN RD.**  
CITY-ST-ZIP **CLEARWATER FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **DAVIS, MARK**  
STREET ADDRESS **1330 S. BELCHER RD.**  
CITY-ST-ZIP **CLEARWATER FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **HOSLEY, FRED**  
STREET ADDRESS **2127 N.E. COACHMAN RD.**  
CITY-ST-ZIP **CLEARWATER FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ZABROCKI, DAVID**  
STREET ADDRESS **1601 EAST BAY DR.**  
CITY-ST-ZIP **LARGO FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:****DISAPPEAR REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/1/02 727-685-5615**

CR2E037 (9/01)