

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90062 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N97000006976**

**1. Entity Name**  
**ESCA-ROSA PROJECT: DENTISTS CARE, INC.**

<b>Principal Place of Business</b> 7220 PINE FOREST ROAD PENSACOLA FL 32526	<b>Mailing Address</b> 7220 PINE FOREST ROAD PENSACOLA FL 32526
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 59-3444888	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

KEEFE, MARIAN K DMD  
 7220 PINE FOREST ROAD  
 PENSACOLA FL 32526

**7. Name and Address of New Registered Agent**

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 Marian K Keefe DMD 01-03-01  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEFE, MARIAN K DMD 7220 PINE FOREST ROAD PENSACOLA FL 32526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEHEE, G. EDWARD DMD 1007 AIRPORT BLVD PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONGIUNDI, PETER D 6202 N 9TH AVE PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGSBY, RANDALL DR 3969 SPANISH TRAIL PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARGRAVE, JOHN DR 450 TURNER TRAIL, STE A PENSACOLA FL 32508 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, CHARLES DR 111 BEVERLY PARKWAY PENSACOLA FL 32505 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marian K Keefe DMD 01-03-01 (850) 944-0116  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)