

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007226

1. Entity Name

PROJECT; DENTISTS CARE OF PALM BEACH COUNTY, INC

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90003 045 ****61.25

Principal Place of Business

5700 LAKE WORTH ROAD
SUITE 206
LAKE WORTH FL 33463

Mailing Address

715 NE 3RD AVE.
DELRAY BCH. FL 33444-3822

2. Principal Place of Business

8645 W. BOYNTON BEACH BLVD.

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL.

City & State

Zip

33437

Country

USA

Zip

Country

4. FEI Number

65-0830854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYAR, FRANKLIN M
715 NE THIRD AVENUE
DELRAY BEACH FL 33444-3822

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

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

TITLE **P** ☐ Delete
NAME **BOYAR, FRANKLIN M**
STREET ADDRESS **715 NE THIRD AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444-3822**

TITLE **V** ☐ Delete
NAME **MCNEILL, SAMUEL J**
STREET ADDRESS **3400 FOREST HILL BLVD. STE. A**
CITY-ST-ZIP **W- PALM BCH- FL- 33406**

TITLE **T** ☐ Delete
NAME **FERLITA, DAVID J**
STREET ADDRESS **11823 LAKE SHROE PL**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **S** ☐ Delete
NAME **CROSSEN, SHERRIE**
STREET ADDRESS **2566 AVE. AU SOLEIL**
CITY-ST-ZIP **GULFSTREAM FL 33483**

TITLE **D** ☐ Delete
NAME **CRAWFORD, PHILLIP C**
STREET ADDRESS **4824 BRANDYWINE DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33487-2108**

TITLE **D** ☐ Delete
NAME **FLOYD, THOMAS P**
STREET ADDRESS **400 EXECUTIVE CENTER DR #105**
CITY-ST-ZIP **WEST PALM BEACH FL 33401-2920**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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: **DAVID FERLITA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-00

Date

561-655-1104

Daytime Phone #

CR2E037 (9/99)