

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90081 029 ****61.25

DOCUMENT # N97000007226

1. Entity Name

PROJECT; DENTISTS CARE OF PALM BEACH COUNTY, INC

Principal Place of Business

Mailing Address

**8645 W. BOYNTON BEACH BLVD
BOYNTON BEACH FL 33437****715 NE 3RD AVE.
DELRAY BCH. FL 33444-3822**

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

65-0830854

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

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 \$61.259. 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	P	<input type="checkbox"/> Delete
NAME	BOYAR, FRANKLIN M	
STREET ADDRESS	715 NE THIRD AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33444-3822	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	MCNEILL, SAMUEL J	
STREET ADDRESS	3400 FOREST HILL BLVD. STE. A	
CITY-ST-ZIP	W. PALM BCH. FL 33406	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	FERLITA, DAVID J	
STREET ADDRESS	11823 LAKE SHROE PL	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	CROSSEN, SHERRIE	
STREET ADDRESS	2566 AVE. AU SOLEIL	
CITY-ST-ZIP	GULFSTREAM FL 33483	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, PHILLIP C	
STREET ADDRESS	4824 BRANDYWINE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33487-2108	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, THOMAS P	
STREET ADDRESS	400 EXECUTIVE CENTER DR #105	
CITY-ST-ZIP	WEST PALM BEACH FL 33401-2920	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

Date

561-655-1104

Daytime Phone #

CR2E037 (9/01)