

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092916

1. Entity Name

AMERICAN SOCIETY OF VETERINARY DENTAL TECHNICIAN

Principal Place of Business

316 SHORE RD.
VENICE FL 34285-3725

Mailing Address

316 SHORE RD.
VENICE FL 34285-3725

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

59-3676578

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRELL, DONALD J
1776 RINGLING BLVD.
SUITE 300
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name GERARD B. SELIN
Street Address (P.O. Box Number is Not Acceptable) 316 SHORE RD.
City VENICE FL Zip Code 34285

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 Gerard B. Selin, Pres. GERARD B. SELIN PRES. 4/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	GERARD B. SELIN	
STREET ADDRESS	316 SHORE RD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	VIP	<input type="checkbox"/> Delete
NAME	JAN BELLOW, DUM	
STREET ADDRESS	17100 ARVIDA PIKE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VIP	<input type="checkbox"/> Delete
NAME	DAVID N. NELSON, DUM	
STREET ADDRESS	1401 N. SEPULVEDA	
CITY-ST-ZIP	MANHATTAN BEACH, CA 90265	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD B. SELIN	
STREET ADDRESS	316 SHORE RD	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	VIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN BELLOW, DUM	
STREET ADDRESS	17100 ARVIDA PIKE	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	VIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID N. NELSON, DUM	
STREET ADDRESS	1401 N. SEPULVEDA	
CITY-ST-ZIP	MANHATTAN BEACH, CA 90265	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90016 038 ***158.75

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)