

4/7/02

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-07-2002 90086 050 ***150.00

DOCUMENT # P01000002515

1. Entity Name

FAMILY DENTAL CARE AT WESTCHASE, INC.

Principal Place of Business

10810 SHELTON RD
TAMPA FL 33626

Mailing Address

10810 SHELTON RD
TAMPA FL 33626

2. Principal Place of Business

10810 Sheldon Rd

Suite, Apt. #, etc.

3. Mailing Address

10810 Sheldon Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-3692050

Applied For

Not Applicable

Zip

33626

Country

Zip

33626

Country

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

CURTIS, C. WILLIAM III ESQ
2004 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

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 use 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, 2002 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

President
Amy Cruch-Gionis, DMD
10810 Sheldon Rd
Tampa, FL 33626

☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change☐ Addition

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☐ Change☐ Addition

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

Amy Cruch-Gionis, DMD 4/9/02

Date

Daytime Phone #

CR2E034 (9/01)