

04 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT # P0100005742-0100005742
1. Entity Name
RICHARD D. SANDERFORD, DDS, INC.

FILED
04 JAN 21 PM 3:48
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10551 SIX MILE CYPRESS PKW
Suite, Apt. #, etc.
City & State
FORT MYERS, FL
Zip
33912
Country
LEE

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1104572
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
SANDERFORD, HOWARD D.
Street Address (P.O. Box Number is Not Acceptable)
1521 CRESTWOOD CIR. W.
City
LEHIGH ACRES
FL
Zip Code
33936

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SANDERFORD, RICHARD D. 18930 SERENOA CT. ALVA, FL. 33920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SANDERFORD, KATHY C. 18930 SERENOA CT. ALVA, FL. 33920	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000028321370 02/05/04-01023-022 **150.00
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy C. Sanderford, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

239-694-5700

Daytime Phone #