

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 01, 2002 8:00 am
Secretary of State

DOCUMENT # P01000063426

1. Entity Name

ROBERT S. GOLDIE, D.M.D., P.A.

07-01-2002 90324 001 ***150.00

07-01-2002 90324 002 *****8.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7051 Dr. Phillips Blvd.

3. Mailing Address

7051 Dr. Phillips Blvd.

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

59-3727331

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert S. Goldie, D.M.D.

Street Address (P.O. Box Number is Not Acceptable)

7051 Dr. Phillips Blvd., Suite 9

City Orlando

FL

Zip Code

32819

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	TITLE	NAME
DEPT	Robert S. Goldie, D.M.D.		
STREET ADDRESS	7051 Dr. Phillips Blvd., Suite 9	STREET ADDRESS	
CITY- ST- ZIP	Orlando, FL 32819	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S. Goldie, D.M.D., President

Date

Daytime Phone

407/363-4800

CR2E034B (12/01)

Attachment
95712
DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

ATTORNEYS AND COUNSELORS AT LAW

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WRITER'S DIRECT DIAL
(407) 428-5119

www.deanmead.com

WRITER'S E-MAIL ADDRESS
MFENDLE@DEANMEAD.COM

June 19, 2002

Certified Mail #7099 3220 0003 6212 6185
Return Receipt Requested

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: 2002 Uniform Business Report for Robert S. Goldie, D.M.D., P.A.

Dear Sir or Madam:

Enclosed is the 2002 Uniform Business Report for Robert S. Goldie, D.M.D., P.A., together with this firm's checks (2) in the amount of \$150.00 in payment of the annual filing fee and \$8.75 for the certificate of status. The corporation did not receive its preprinted annual report this year apparently because the corporation's suite number was not included as part of the mailing address. Therefore, on behalf of the corporation we ask that the Division waive the \$400.00 late filing fee.

If you have any questions regarding the enclosed Uniform Business Report, please call or write this office.

Sincerely,

Mary F. Fendle

Mary F. Fendle, Legal Assistant

/mf

Enclosures (3)

CC: Robert S. Goldie, D.M.D.

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