

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000097758

1. Entity Name

RONALD J. TREVISANI, DMD, P.A./OVIEDO

Principal Place of Business

301 S MILWEE ST
LONGWOOD FL 32750

Mailing Address

301 S MILWEE ST
LONGWOOD FL 32750

2. Principal Place of Business

1410 W. BROADWAY

3. Mailing Address

1410 W. BROADWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

OVIEDO, FL

City & State

OVIEDO, FL

Zip

Country

Zip

Country

32765

USA

32765

USA

6. Name and Address of Current Registered Agent

COHEN, ROBERT C
301 S MILWEE ST
LONGWOOD FL 32750

4. FEI Number

59-3751527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

02 FEB -7 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

TITLE **PRESIDENT** ☐ Delete
NAME **RONALD J. TREVISANI**
STREET ADDRESS **1410 W. BROADWAY**
CITY-ST-ZIP **OVIEDO, FL. 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-02

CR2E034 (9/01)