

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30326

1. Entity Name

NATIONAL SOCIETY OF DENTAL PRACTITIONERS, INC.

Principal Place of Business

Mailing Address

210 UNIVERSITY DR.  
SUITE 900  
CORAL SPRINGS FL 33071

PO BOX 407003  
FT LAUDERDALE FL 33340-7003  
US

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

52-1462212

Applied For

Not Applicable

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

UDINE, MOREY  
6208 W.COMMERCIAL BLVD  
FT.LAUDERDALE FL 33319

Name

Virginia E. Verduin

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

210 University Dr., Ste 900

Coral Springs, FL 33071

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

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

04/10/00

DATE

**FILE NOW!**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME POLLACK, BURTON R.  
STREET ADDRESS 8 HERITAGE LANE  
CITY-ST-ZIP SETAUKET NY

TITLE Director ☐ Change ☒ Addition  
NAME Kevin A. Trapani  
STREET ADDRESS 2801 Slater Road, Ste 110  
CITY-ST-ZIP Morrisville, NC 27560

TITLE STD ☐ Delete  
NAME MARSH, DARREN A  
STREET ADDRESS 210 UNIVERSITY DRIVE, 9TH FLOOR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE Director ☐ Change ☒ Addition  
NAME Richard Breitweiser  
STREET ADDRESS 78 Boulevard  
CITY-ST-ZIP Westwood, NJ 07675

TITLE D ☐ Delete  
NAME CALISTI, LOUIS J.P.  
STREET ADDRESS 82 RUSSELL ROAD  
CITY-ST-ZIP FRAMINGHAM MA

TITLE Director ☐ Change ☒ Addition  
NAME Brian Haney  
STREET ADDRESS 2801 Slater Road, Ste 110  
CITY-ST-ZIP Morrisville, NC 27560

TITLE D ☐ Delete  
NAME VIRGINIA E VERDUIN  
STREET ADDRESS 210 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE D ☐ Delete  
NAME HIMMELFARB, ROBERT  
STREET ADDRESS 8220 MUIR HEAD CIRCLE  
CITY-ST-ZIP BOYNTON BCH FL 33437

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

TITLE D ☐ Delete  
NAME NEMETH, JAMES  
STREET ADDRESS 229 SEVENTH ST #301  
CITY-ST-ZIP GARDEN CITY FL 11530

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Virginia E Verduin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/00

Date

800-237-9429 x1058

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE