

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037556

1. Entity Name

FAMILY DENTISTRY OF HERNANDO, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90136 012 \*\*\*150.00

Principal Place of Business

Mailing Address

5331 COMMERCIAL WAY  
 SUITE 201, NORTHWOOD OF HERNANDO  
 SPRING HILL FL 34606

5331 COMMERCIAL WAY  
 SUITE 201, NORTHWOOD OF HERNANDO  
 SPRING HILL FL 34606-1449

2. Principal Place of Business

3. Mailing Address

5080 Commercial Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Spring Hill, FL

City & State

City & State

Zip

Country

Zip

Country

34606

US

4. FEI Number

59-3214504

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

WEBER, BARRY J  
 4939 CEDARBROOK LN  
 SPRINGHILL FL 34607

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, BARRY J 5331 COMMERCIAL WAY, SUITE 201 SPRING HILL FL 34606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/25/00

(352) 594-7388

CR2E014 (3/99)