

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053082

1. Entity Name

DEENA A. AZAROFF, D.M.D., P.A.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90049 016 \*\*\*150.00

Principal Place of Business

Mailing Address

1905 N.W. 13TH STREET  
 SUITE 3  
 GAINESVILLE FL 32609  
 US

1905 N.W. 13TH STREET  
 SUITE 3  
 GAINESVILLE FL 32609-3414  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3196724

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AZAROFF, MARCELLA  
 1308 NW 117TH TERRACE  
 GAINESVILLE FL 32605

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

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 ☐ Delete  
 NAME D  
 STREET ADDRESS AZAROFF, DEENA A  
 CITY-ST-ZIP 1808 S.W. 75TH TERRACE  
 GAINESVILLE FL 32607

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1308 NW 117<sup>th</sup> TER  
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

DEENA A. AZAROFF, Dir.

4/30/2000

(207)990-2936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcella Azaroff, Registered Agent

4/30/2000

Daytime Phone #

CR2E034 (9/99)