

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90108 036 ***150.00

DOCUMENT # P93000064721

1. Entity Name

PARAMOUNT DENTAL PLAN INC.

Principal Place of Business

Mailing Address

1000 N ASHLEY DR
 #500
 TAMPA FL 33602

P.O BOX 18406
 TAMPA FL 33679-8406
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3205415**

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

KAVOUKLIS, MICHAEL N
1000 NORTH ASHLEY DRIVE
STE 516
TAMPA FL 33602

Name

KAVOUKLIS, MICHAEL N
 Street Address (P.O. Box Number is Not Acceptable)

1000 NORTH ASHLEY DRIVE

STE 604

City

TAMPA

FL

Zip Code

33602

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 **KAVOUKLIS, NICHOLAS M**
 CITY-ST-ZIP **2601 JETTON AVENUE**
TAMPA FL 33629

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2433 W. Prospect Rd.**
 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **KAVOUKLIS, CHRIS M**
 CITY-ST-ZIP **2813 SAN ISIDRO ST**
TAMPA FL

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **KAVOUKLIS, ALEXANDRA T**
 CITY-ST-ZIP **2601 JETTON AVE**
TAMPA FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2433 W. Prospect Rd.**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KAVOUKLIS, MICHAEL N**
 CITY-ST-ZIP **9605 SPRING BROOK DR**
RIVERVIEW FL 33569

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

NICHOLAS M. KAVOUKLIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.19.00
 Date

813 221-4048 x223
 Daytime Phone #

CR2E034 (9/99)