

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90093 021 \*\*\*150.00

**DOCUMENT # P94000001364**

**1. Entity Name**  
**FAMILY AND COSMETIC DENTISTRY OF NORTH FLORIDA,**

**Principal Place of Business**      **Mailing Address**  
 N. OHIO AVE.      310 N. OHIO AVE.  
 OAK FL 32060      LIVE OAK FL 32060-2457

**2. Principal Place of Business**      **3. Mailing Address**  
 SAME      SAME  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**      **4. FEI Number** **59-3225959**      **Applied For**  
 Zip      Country      Zip      Country      **Not Applicable**  
 SUWANNEE      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**  
 CRAIG, JOHNTAN P      Name  
 310 N. OHIO AVE.      Street Address (P.O. Box Number is Not Acceptable)  
 LIVE OAK FL 32060      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.**      **FILE NOW!!! FEE IS \$150.00**      **10. Election Campaign Financing**      **\$5.00 May Be**  
 (See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**      Trust Fund Contribution.      **Added to Fees**  
 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRAIG, JOHN P M.D.		NAME		
STREET ADDRESS	310 N. OHIO AVENUE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:**      **4/11/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)