

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000016789

1. Entity Name

Orange Dental Associates, Inc

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90020 036 ***150.00

Principal Place of Business

Mailing Address

12329 S. Orange Blossom Trail (same)
Orlando, FL 32789

819964

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
59-3230697

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Marc P. Ossinsky P.A.
210 N. Wymore Rd.
Winter Park, FL 32789

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	D, VP	<input type="checkbox"/> Delete
NAME	Pando, Howard	
STREET ADDRESS	12329 S. Orange Blossom Trail	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	D,S	<input type="checkbox"/> Delete
NAME	Yocum, John C. Jr	
STREET ADDRESS	1471 Regal Ct.	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	D,T	<input checked="" type="checkbox"/> Delete
NAME	Voltarel, Mark	
STREET ADDRESS	130 White Oak Cir. Maitland FL	
CITY-ST-ZIP		
TITLE	D,P	<input type="checkbox"/> Delete
NAME	Ebner, Stephen M.	
STREET ADDRESS	11907 E. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Michaelson, Gary H.	
STREET ADDRESS	11907 E. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	delete VP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	add T	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	change address:	
STREET ADDRESS	2603 E. Lake Hartridge Dr.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	add VP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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

Sec-Treas.

3/4/00

407-856-2555

Date

Daytime Phone #