

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91008 040 ***150.00

DOCUMENT # P94000016789**1. Entity Name**

Orange Dental Associates, Inc.

Principal Place of Business**Mailing Address**12329 South Orange Blossom Trail (same)
Orlando, FL 32837**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number
59-3230697

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

C0038559**6. Name and Address of Current Registered Agent**Marc P. Ossinsky P.A.
210 N. Wymore Rd.
Winter Park, FL 32789**7. Name and Address of New Registered Agent**

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, 2001 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**TITLE: D, P
NAME: Gary Michaelson
STREET ADDRESS: 11907 E. Colonial Dr.
CITY-ST-ZIP: Orlando, FL
☐ DeleteTITLE: D, VP
NAME: Howard Pando
STREET ADDRESS: 12329 S. Orange Blossom Tr.
CITY-ST-ZIP: Orlando, FL 32837
☐ DeleteTITLE: D, S, T
NAME: John C. Yocum Jr
STREET ADDRESS: 12329 S. Orange Blossom Tr
CITY-ST-ZIP: Orlando FL 32837
☐ DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ AdditionTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ AdditionTITLE:
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☐ Change ☐ AdditionTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ AdditionTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ 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 #

CR2E034 (11/00)