

2000 UNIFORM BUSINESS REPORT (UBR)

00363996

DOCUMENT # P94000036690

1. Entity Name

FAMILY DENTISTRY OF BOCA/DELRAY, INC.

FILED

00 MAR -3 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

660 LINTON BLVD
SUITE 111B
DELRAY BEACH FL 33444

Mailing Address

660 LINTON BLVD
SUITE 111B
DELRAY BEACH FL 33444-8188

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

650895924
650499496

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, SONYA
660 LINTON BLVD
SUITE 111B
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name

Richard C. Bauer DMD

Street Address (P.O. Box Number is Not Acceptable)

660 Linton Blvd. Ste. 111B

City

Delray Beach

FL

Zip Code

33444

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

2/20/00

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, SONYA D.M.D.	
STREET ADDRESS	660 LINTON BLVD STE 111-B	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, DOLORES J	
STREET ADDRESS	10252 SW 12TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JERRY H SR	
STREET ADDRESS	10252 SW 12TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, JERRY H JR	
STREET ADDRESS	7 ROOSEVELT DR	
CITY-ST-ZIP	BRISTOL RI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard C. Bauer, D.M.D., P.A.	
STREET ADDRESS	660 Linton Blvd STE 111-B	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

KE

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 #

Richard C. Bauer DMD

2/20/00

CR2E034 (9/99)