## **2000 UNIFORM BUSINESS REPORT (UBR)** FILED Jan 25, 2000 8:00 am Secretary of State D@CUMENT # P95000036006 1. Entity Name RONALD R. UNDERHILL, D.D.S., P.A. 01-25-2000 90027 032 \*\*\*150.00 Principal Place of Business Mailing Address 1717 SOUTH OSPREY AVENUE 1717 SOUTH OSPREY AVENUE A00|0819 SARASOTA FL 34239 SARASOTA FL 34239-3512 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0578240 Not Applie Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNDERHILL, RONALD R Street Address (P.O. Box Number is Not Acceptable) 1717 SOUTH OSPREY AVENUE SARASOTA FL 34239 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be-Tax filing requirement and elects to do so After MAY 1, 2000; Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DENTIST COWNED PRIS Delete TITLE TITLE RONALD R. LINDERHICE 1717 S. OSPREY AVE UNDERHILL, RONALD R NAME 86 VIC EDWARDS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP SARASOTA, PL. 34231 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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TITLE

NAME

☐ Delete

SIGNATURE: Kninklinderee (RONA

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

1/17/2010

941-955-6935

☐ Change

☐ Additior

Daytime Phone #