

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90212 022 \*\*\*150.00

**DOCUMENT # P95000061286**

1. Entity Name

**ERIC MEEKER, D.D.S., P.A.**

Principal Place of Business

Mailing Address

~~18766 US HWY 441~~

~~18766 US HWY 441~~

~~SUITE 22~~

~~SUITE 22~~

~~MT DORA FL 32737~~

~~MT DORA FL 32757-6732~~

~~US~~

~~US~~

2. Principal Place of Business

3. Mailing Address

**228 Ardice Avenue**

**228 Ardice Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Eustis, FL**

City & State

**Eustis, FL**

Zip

**32726**

Country

**US**

Zip

**32726**

Country

**U.S.**

4. FEI Number

**59-3329417**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEEKER, ERIC**  
**18766 US HWY 441**  
**SUITE 22**  
**MT DORA FL 32757**

Name **Eric Meeker**

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

**228 Ardice Avenue**

City **Eustis**

**FL**

Zip Code **32726**

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

**Eric Meeker, President**

**4/28/00**

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 **P** ☐ Delete  
NAME **MEEKER, ERIC**  
STREET ADDRESS **18766 US HWY 441 UNIT 22**  
CITY-ST-ZIP **MOUNT DORA FL**

TITLE **President** ☒ Change ☐ Addition  
NAME **Eric Meeker**  
STREET ADDRESS **228 Ardice Avenue**  
CITY-ST-ZIP **Eustis, FL 32726**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**Eric Meeker, DDS, PA, President** **4/28/00** **(352) 483-7454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)