

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000028738

1. Entity Name

SOUTH PALM BEACH COUNTY DENTAL ASSOCIATION, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90155 012 ***150.00

Principal Place of Business

801 SE 6TH AVE
SUITE 206
DELRAY BEACH FL 33483-5185
US

Mailing Address

801 SE 6TH AVE
SUITE 206
DELRAY BEACH FL 33483-185
US

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 **65-0537522**

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

ROSENTHAL, JEFFREY H
7000 W. PALMETTO PARK RD., STE. 203
BOCA RATON FL 33433

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, THOMAS DR	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKELSON, ROBERT	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLATIS, MANNY DR	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEITELBAUM, STEPHEN DR	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARR, MICHAEL DR.	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, BARRY	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATTANASI, RALPH DR.	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNECHT, BRUCE DR.	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANSICK, ETHAN DR.	
STREET ADDRESS	801 SE 6TH AVE, STE 206	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
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		

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

BARRY KATZ
PRESIDENT

1/11/01

Date

(561) 278-7551

Daytime Phone #

CR2E034 (10/00)