

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047389

1. Entity Name

JACKSONVILLE FAMILY DENTISTRY, SAM ELGEZIRY D.M.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90192 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~3127 ATLANTIC BOULEVARD~~ 3838 Southside Blvd #5  
~~SUITE 113~~  
JACKSONVILLE FL ~~32207~~ 32216

~~3127 ATLANTIC BOULEVARD~~ 3837 Southside Blvd  
~~SUITE 113~~  
JACKSONVILLE FL ~~32216-4672~~ 32216

2. Principal Place of Business

3837 Southside Blvd  
Suite, Apt. #, etc.  
5

3. Mailing Address

3837 Southside Blvd  
Suite, Apt. #, etc.  
5

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip  
32216

Country

Zip  
32216

Country

4. FEI Number

59-3387745

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

ELGEZIRY, SAMEH A

~~3127 ATLANTIC BOULEVARD~~ 3837 Southside Blvd  
~~SUITE 113~~ Suite 5  
JACKSONVILLE FL ~~32207~~, 32216

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, 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  
NAME ELGEZIRY, SAMEH A  
STREET ADDRESS ~~3127 ATLANTIC BLVD~~ 3837 Southside Blvd #5  
CITY-ST-ZIP JACKSONVILLE FL Jacksonville, FL 32216

TITLE  
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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:

SAMUEL ELGEZIRY D.M.D.

Date

4/10/2000 (904)642-2010

Daytime Phone #

CR2E034 (9/99)