

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056944

1. Entity Name

KEITH J. FRANCOIS, D.M.D., P.A.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90090 006 ***150.00

Principal Place of Business

Mailing Address

5218 JAMMES ROAD #B
JACKSONVILLE FL 32210

5218 JAMMES ROAD #B
JACKSONVILLE FL 32210-7740

2. Principal Place of Business

3500 SW 2nd Ave.

3. Mailing Address

3500 SW 2nd Ave.

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

Suite 2

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32607

Country

USA

Zip

32607

Country

USA

4. FEI Number

59-3389061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCOIS, KEITH J
5218 JAMMES ROAD #B
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Keith J. Francois, DMD

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

3500 SW 2nd Ave, Suite 2

City

Gainesville

FL

Zip Code

32607

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

TITLE D
NAME FRANCOIS, KEITH J
STREET ADDRESS 5218 JAMMES ROAD #B
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Dr.
NAME Keith J. Francois, DMD
STREET ADDRESS 3500 SW 2nd Ave, Suite 2
CITY-ST-ZIP Gainesville, FL 32607

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

3/1/00

Date

(352) 371-4111

Daytime Phone #

CR2E034 (9/99)