

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077896

1. Entity Name

VIRGINIA N. DAVENPORT, D.D.S., P.A.

FILED

Mar 09, 2000 8:00 am  
Secretary of State

03-09-2000 90106 021 \*\*\*150.00

Principal Place of Business

3590 WEBBER ST  
SARASOTA FL 34239  
US

Mailing Address

PLAZA TOWER, NINTH FLOOR  
111 2ND AVENUE N.E.  
ST. PETERSBURG FL 33701-3434

2. Principal Place of Business

3. Mailing Address

3839 4th St N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#350

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33703

USA

4. FEI Number

59-3402732

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

DAVENPORT, JENNY N DR.  
111-2ND AVE NE  
9TH FL  
ST. PETERSBURG FL 33701

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 PDST  
NAME DAVENPORT, JENNY N DR.  
STREET ADDRESS 111-2ND AVE NE 9TH FL  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
NAME  
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

Date

Daytime Phone #

3/6/00