

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000080679

1. Entity Name

ADVANCED DENTAL CARE OF WINTER SPRINGS, P.A.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90008 022 ***150.00

Principal Place of Business

Mailing Address

5659 RED BUG LAKE RD
WINTER SPRINGS FL 32708

5659 RED BUG LAKE RD
WINTER SPRINGS FL 32708-5013

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

59-3399856

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

~~COHN, STEVE~~
~~100 MARCIA DRIVE~~
~~ALTAMONTE SPRINGS FL 32714~~

Name SANDRA J. WILKENING
Street Address (P.O. Box Number is Not Acceptable)
PO Box 536546
ORLANDO FL 32853
City ORLANDO FL Zip Code 32853-6546

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	ZERWITZ, MICHAEL A	
STREET ADDRESS	916 DELTONA BLVD	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	SHERIDAN, JOHN	
STREET ADDRESS	4020 S SEMORAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN RUSSO	
STREET ADDRESS	5659 RED BUG LAKE RD	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708-5013	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN RUSSO	
STREET ADDRESS	5659 RED BUG LAKE RD	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708-5013	
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		
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:

JOHN RUSSO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN
RUSSO

4/10/00

Date

(407 696-6700)

Daytime Phone #

CR2E034 (9/99)