

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014120

1. Entity Name

FRANCES THU-HUONG TRAN, DMD, PA

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-21-2000 90206 010 \*\*\*550.00

Principal Place of Business

1865 HILLVIEW ST.  
SARASOTA FL 34239

Mailing Address

1865 HILLVIEW ST.  
SARASOTA FL 34239

2. Principal Place of Business

5706 Stone Pointe Drive

Suite, Apt. #, etc.

3. Mailing Address

5706 Stone Pointe Drive

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0726200

Applied For

Not Applicable

Zip

34233

Country

USA

Zip

34233

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRAN, FRANCES T DMD  
1865 HILLVIEW ST.  
SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

Frances T Tran DMD PA

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

5706 Stone Pointe Drive

City

Sarasota

FL

Zip Code  
34233

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 *Frances T. Tran, DMD, PA* Frances T Tran DMD PA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*8/14/00*  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PST  
NAME TRAN, FRANCES T DMD  
STREET ADDRESS 5706 STONE POINTE DR  
CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: *Frances T. Tran, DMD, PA* Frances T Tran DMD PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/14/00*  
Date

(941) 923-5723  
Daytime Phone #

CR2E034 (5/00)