

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90005 001 \*\*\*150.00

**DOCUMENT # P97000081734**

1. Entity Name  
**BELMONT DENTAL, P.A.**

Principal Place of Business

**8602 SW STATE RD 200  
 Ocala FL 33481**

Mailing Address

**8602 SW STATE RD 200  
 Ocala FL 33481**

2. Principal Place of Business

Suite, Apt. #, etc.

*Suite P*

3. Mailing Address

Suite, Apt. #, etc.

*Suite P*

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0785195**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JAMES COSTELLO  
 9535 SILVERLAKE DRIVE  
 LEESBURG FL 34788**

7. Name and Address of New Registered Agent

Name **Thomas Harter**

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

**8602 SW SR 200 Suite P**

City **Ocala**

**FL**

Zip Code

**34481**

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

*Thomas Harter*

**11 Jan 02**

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, 2002 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 **P** ☒ Delete  
 NAME **COSTELLO, JAMES P DDS**  
 STREET ADDRESS **9635 SILVER LAKE DR**  
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE **D** ☒ Delete  
 NAME **HARTER, THOMAS W**  
 STREET ADDRESS **5510 FULMER DR**  
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☒ Addition  
 NAME **Thomas Harter**  
 STREET ADDRESS **8637 SW 108th Ln Rd**  
 CITY-ST-ZIP **Ocala FL 34481**

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

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

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

TITLE ☐ Change ☐ 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:

*Thomas Harter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11 Jan 02 352-873-1335**

Date

Daytime Phone #

CR2E034 (9/01)