

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90086 045 \*\*\*150.00

**DOCUMENT # P98000028001**

1. Entity Name

**ALASAR DENTAL ASSOCIATES P.A.**

Principal Place of Business

**950 N COLLIER BLVD STE 305  
 MARCO ISLAND FL 33969**

Mailing Address

**950 N COLLIER BLVD STE 305  
 MARCO ISLAND FL 34145-2722**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0829125**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALEXANDER, STEVEN  
 11726 QUAIL VILLAGE WAY  
 NAPLES FL 34119**

7. Name and Address of New Registered Agent

Name

**ALEXANDER, STEVEN**

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

**950 N COLLIER BLVD #305**

City

**MARCO ISLAND**

FL

Zip Code

**34145**

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 *STEVEN L. ALEXANDER DRS*  
 Signature, typed or printed name of registered agent and title if applicable.

**STEVEN L. ALEXANDER DRS**

**03-18-00**

(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 **P** ☐ Delete  
 NAME **ALEXANDER, STEVEN**  
 STREET ADDRESS **950 N COLLIER BLVD #305**  
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **S** ☐ Delete  
 NAME **ALEXANDER, RICHARD B**  
 STREET ADDRESS **950 N COLLIER BLVD #305**  
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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 **TREASURER** ☐ Change ☒ Addition  
 NAME **ALEXANDER, MARZESSA**  
 STREET ADDRESS **950 N. COLLIER BLVD #305**  
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

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

TITLE ☐ Change ☐ Addition  
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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: *STEVEN L. ALEXANDER DRS* **STEVEN L. ALEXANDER DRS** **03-18-00** **941-389-7400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)