

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800002800

1. Entity Name

ALASAR DENTAL ASSOCIATES P.A.

Principal Place of Business

950 No. Collier Blvd.  
Ste 305  
Marco Island, FL 34145

Mailing Address

950 No. Collier Blvd.  
Ste 305  
Marco Island, FL 34145

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0829125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Alexander, Steven  
950 No. Collier Blvd., Ste.305  
Marco Island, FL 34145

7. Name and Address of New Registered Agent

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, 2001 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  
NAME Alexander, Steven ☐ Delete  
STREET ADDRESS 950 N Collier Blvd., Ste 305  
CITY-ST-ZIP Marco Island, FL 34145

TITLE S  
NAME Alexander, Richard B ☐ Delete  
STREET ADDRESS 950 N Collier Blvd #305  
CITY-ST-ZIP Marco Island, FL 34145

TITLE T  
NAME Alexander, Marissa ☐ Delete  
STREET ADDRESS 950 N Collier Blvd, Ste 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

CR2E034 (11/00)

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 President

4/24/01

941-389-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Steven L. Alexander, DDS, President

Date

Daytime Phone #

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90119 041 \*\*\*150.00

A0063560

DO NOT WRITE IN THIS SPACE