

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 08:00 AM

Secretary of State

DOCUMENT # P98000060066

1. Entity Name  
GENTLE DENTAL GROUP OF MANGONIA PARK, P.A.

Principal Place of Business  
1225 W 45TH ST  
STE 501B  
MANGONIA PARK  
33407  
US

Mailing Address  
777 YAMATO RD  
111  
BOCA RATON  
33431  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
1 S. SCHOOL AVENUE  
SUITE 1000

City & State  
SARASOTA FL

Zip  
34237

Country  
US

4. FEI Number  
65-0847872

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

WOOLL JAMES  
777 YAMATO RD  
STE 111  
BOCA RATON  
33431  
FL

## 7. Name and Address of New Registered Agent

Name  
WOOLF JARED

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

STE 111

City  
BOCA RATON FL

Zip Code  
33431

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 JARED WOOLF

03/01/2001

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
WOOLF JARED  
777 YAMATO RD STE 111  
BOCA RATON FL 33431

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 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

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☐ 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: JARED WOOLF

PD

03/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)