

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000957

1. Entity Name

FIRST COAST ENDODONTICS, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

08-22-2000 90234 046 \*\*\*158.75

Principal Place of Business

4205 BELFORT ROAD #4075  
 JACKSONVILLE FL 32216

Mailing Address

4205 BELFORT ROAD #4075  
 JACKSONVILLE FL 32216

2. Principal Place of Business

4211 SOUTHPOINT PKWY #A

3. Mailing Address

4211 SOUTHPOINT PKWY #A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3551511

Applied For

Not Applicable

Zip

32216

Country

Zip

32216

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWINDLE, ROBERT DR.  
 4205 BELFORT ROAD #4075  
 JACKSONVILLE FL 32216

Name

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

4211 SOUTHPOINT PKWY #A

City JACKSONVILLE

FL

Zip Code 32216

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **SWINDLE, ROBERT DR.**  
 STREET ADDRESS **4205 BELFORT ROAD #4075**  
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **4211 SOUTHPOINT PKWY #A**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Enclosures: ~~2000~~ Uniform Business Report