

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am
Secretary of State**

02-01-2000 90007 039 ***150.00

DOCUMENT # P99000015703

1. Entity Name

FAMILY DENTAL, INC.

Principal Place of Business

Mailing Address

**1429 60TH AVE. WEST, STE. 300
BRADENTON FL 34207****1429 60TH AVE. WEST, STE. 300
BRADENTON FL 34207-4614****608062**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Scott L. McClure**c/o Scott L. McClure**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4708 26th ST. West**4708 26th ST. West**

City & State

City & State

Bradenton FL**Bradenton, FL**

4. FEI Number

65-0840273

Applied For

Not Applicable

Zip

Country

34207**USA**

Zip

Country

34207**USA**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

**SCHOFIELD, P. ALLEN
1429 60TH AVE., WEST, STE. 300
BRADENTON FL 34207**

Name

MCCLURE, Scott Lloyd

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

4708 26th ST. West

City

Bradenton**FL**

Zip Code

34207

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCCLURE, SCOTT**
CITY-ST-ZIP **4708 26TH STREET WEST
BRADENTON FL 34207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ 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:**Scott McClure**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000 941-792-8391

CR2E034 (9/99)