## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # \$35182

1. Entity Name

KEITH R. VAN BENTHUYSEN, D.M.D., INC.



FILED Sep 15, 2000 8:00 am Secretary of State 09-15-2000 90006 018 \*\*\*550.00

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  10. Election Campaign Financing Trust Fund Contribution.  After SEPTEMBER 13, 2000 Min. will be \$750.00  Make Check Payable to Department of State	\$\$ Fe ed Ag	PACE AN No 88.75 Ad ee Require	oplied For ot Applicable ditional ad
City & State  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired  Annual Address of Current Registered Agent  7. Name and Address of New Registere  Name  VAN BENTHUYSEN, KEITH R. 932 SWANN DR  LAKELAND FL 33809  City  F  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 recuired when reinstating)  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS A DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS A DIRECTORS  TITLE VAN BENTHUYSEN, JILL A 932 SWANN DR LAKELAND FL 33809  CITY-SI-ZIP  Delete TITLE VAN BENTHUYSEN, KEITH R 932 SWANN DR LAKELAND FL 33809  CITY-SI-ZIP  LAKELAND FL 33809	\$8 Fe	A No.	ot Applicable ditional ad
Zip Country Zip Country 5. Certificate of Status Desired 1.  6. Name and Address of Current Registered Agent 7. Name and Address of New Registere Name Street Address (P.O. Box Number is Not Acceptable)  City F  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 Segnature, typed or printed name of registered agent and title of applicable. (NOTE: Registered Agent injurature required when reinstiting)  9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	Feed Age	No. 75 Addee Require	ot Applicable ditional ad
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TITLE  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 a 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	.[	Change	Addition . information

R. Van Benthuysen