

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90357 031 \*\*\*150.00

**DOCUMENT # V25563**

1. Entity Name

**KRISTIN C. KALWARA, D.D.S., P.A.**

Principal Place of Business

~~HIGHLAND LAKES DENTAL~~  
~~26590 ACE AVENUE (HWY 27), SUITE G105~~  
~~LEESBURG FL 34748~~  
~~US~~

Mailing Address

~~32239 RYAN DRIVE~~  
~~#26~~  
~~LEESBURG FL 34788~~  
~~US~~

2. Principal Place of Business

**16709 Rockwell Hgts Lane**

Suite, Apt. #, etc.

3. Mailing Address

**16709 Rockwell Hgts Lane**

Suite, Apt. #, etc.

City & State

**Clermont, FL**

City & State

**Clermont, FL**

4. FEI Number

**65-0330103**

Applied For

Not Applicable

Zip

**34711**

Country

**USA**

Zip

**34711**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KALWARA, KRISTIN C. DDS**  
~~33239 RYAN DRIVE, #26~~  
~~LEESBURG FL 34788~~

**16709 Rockwell Hgts Lane**  
**Clermont, FL 34711**

7. Name and Address of New Registered Agent

Name

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

City

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 re-issuing)

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: **PVST**  Delete  
 NAME: **KALWARA, KRISTIN C**  
 STREET ADDRESS: **33239 RYAN DRIVE #26** **16709 Rockwell Hgts Lane**  
 CITY-ST-ZIP: **LEESBURG FL 34788** **Clermont, FL 34711**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
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TITLE:  Change  Addition  
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 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  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: *Kristin C. Kalwara DDS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-01** **352-243-0018**  
 Date Daytime Phone #

CR2E034 (10/00)