

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V68805 (3)  
 1. Entity Name  
Laurel Ridge Dental Associates, Inc.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**  
 03-22-2000 90090 044 \*\*\*150.00

Principal Place of Business Mailing Address  
7277 Bee Ridge Rd. Walter Sanders  
Sarasota, FL 34241

C0043107

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
Tampa, Florida  
 Zip Country Zip Country  
33618

4. FEI Number Applied For  
65-0360323 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  
Walter Sanders

7. Name and Address of New Registered Agent  
 Name Walter Sanders  
 Street Address (P.O. Box Number is Not Acceptable) 3355 Bears Avenue  
 City Tampa FL Zip Code 33618

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 Walter Sanders Walter Sanders DATE 3/8/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>D/P</u>		NAME		
STREET ADDRESS	<u>Porter, Mary I.</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>4987 Ringwood Meadow</u>		CITY-ST-ZIP		
	<u>Sarasota, Florida 34235</u>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Date 3-16-00 Daytime Phone # 941-371-3006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)