

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J58826

1. Entity Name

CHIROPRACTIC HEALTH CENTER OF ENGLEWOOD, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90042 018 ***150.00

Principal Place of Business

Mailing Address

150 DEARBORN ST.
 ENGLEWOOD FL 34223

150 DEARBORN ST.
 ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country...

4. FEI Number

59-2790788

Applied For

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

7. Name and Address of New Registered Agent

HARMS, BARBARA L
 150 W DEARBORN ST
 ENGLEWOOD FL 34223

Name

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

City

FL

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 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 PD ☐ Delete
 NAME HARMS, DOUGLAS R.
 STREET ADDRESS 150 W. DEARBORN ST.
 CITY-ST-ZIP ENGLEWOOD FL

TITLE PDV ☒ Change ☐ Addition
 NAME HARMS, DOUGLAS R.
 STREET ADDRESS 150 W. DEARBORN ST
 CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE PDV ☐ Delete
 NAME HARMS, BARBARA L.
 STREET ADDRESS 150 W. DEARBORN ST.
 CITY-ST-ZIP ENGLEWOOD FL

TITLE PD ☒ Change ☐ Addition
 NAME HARMS, BARBARA L.
 STREET ADDRESS 150 W. DEARBORN ST
 CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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:

Barbara L. Harms
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BARBARA L. HARMS 2/14/00 (941) 474-9374

CR2E034 (9/99)