

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Feb 07, 2000 8:00 am
Secretary of State**

02-07-2000 90007 043 ****61.25

DOCUMENT # N98000004042

1. Entity Name

FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION, INC

Principal Place of Business

Mailing Address

1108 LUCERNE TERR.
ORLANDO FL 32806

1108 LUCERNE TERR.
ORLANDO FL 32806-1017

80015258

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3524472

Applied F

Not App

Zip

Country

Zip

Country

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

**LACY, JILL
1108 LUCERNE TERR.
ORLANDO FL 32806**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACY, RODERIC A 1108 LUCERNE TERRACE ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETKER PATTER, MICHEAL 220 MASON AVE DAYTONA BEACH FL 32117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FILANDO, ANTHONY 201 N WYNORE RD WINTER PARK FL 32787	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD FELT, KENNETH PO BOX 121044 CLEMONT FL 34712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WECKER, RICHARD 551 S APOLLO BLVD MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Badanek, Michael - D <input type="checkbox"/> Change <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 10 Silver Springs, FL 34489	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Johansen, Roger - D <input type="checkbox"/> Change <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800 E Bay Dr. Suite P Largo, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kirkland, David - D <input type="checkbox"/> Change <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1315 Lane Ave. Ste 3 Jacksonville, FL 32205	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Podlaskis John - D <input type="checkbox"/> Change <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2721 S.E. 23rd Ave. Ocala, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Schaefer, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4831 Chancellor St NE St. Petersburg, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

2/1/2000 407 725 266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #