

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90032 049 \*\*\*\*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**

**00052332**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3524472**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

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 **Debbie Lanekin**

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

**1108 Lucerne Terr.**

City **Orlando**

**FL**

Zip Code **32806**

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

*Deborah J. Lanekin* **Deborah J. Lanekin 4/3/01**

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	<b>P</b> <b>LACY, RODERIC A</b> <b>1108 LUCERNE TERRACE</b> <b>ORLANDO FL 32806</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PETKER, MICHAEL</b> <b>220 MASON AVE</b> <b>DAYTONA BEACH FL 32117</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BADANEK, MICHAEL</b> <b>PO BOX 10</b> <b>SILVER SPRINGS FL 34489</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>FELT, KENNETH</b> <b>PO BOX 121044</b> <b>CLEMONT FL 34712</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WECKER, RICHARD</b> <b>551 S APOLLO BLVD</b> <b>MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD.</b> <b>Johansen, Roger</b> <b>800 E. Bay Dr. Ste P.</b> <b>Largo, FL 33770</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD.</b> <b>Kennedy, John</b> <b>1034 Pebble Beach Cir W.</b> <b>Winter Springs, FL 32708</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD.</b> <b>Kirkland, David.</b> <b>1315 Lane Ave. Ste 3</b> <b>Jacksonville, FL 32205</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>Lieberman, Robert.</b> <b>5217 W. Colonial Dr.</b> <b>Orlando, FL 32808</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>Petrillo, Henry</b> <b>P.O. Box 6615</b> <b>Spring Hill, FL 34611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD</b> <b>Ross, Kenneth.</b> <b>908 Red Fox Lane</b> <b>Altamonte Springs, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Roderic A. Lacy* **Roderic A. Lacy**

**4/3/01**

**407 425 2615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)