2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90357 040 ***150.00

A00028161

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000112482

1. Entity Name

SOUTHEAST ASSOCIATION OF CHIROPRACTIC PHYSICIANS

Principal Place of Business	Mailing Address
24 WEST CHASE STREET PENSACOLA FL 32501	24 WEST CHASE STREET PENSACOLA FL 32501

2. Principal Place of Business	3. Mailing Address
24 WEST CHASE ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State
Zip: 32501 / Country: US	Zip / Country

4. FEI Number 59-3685455 ☐ Applied For ☐ Not Applicable

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
LOZIER, DANIEL R 24 WEST CHASE STREET PENSACOLA FL 32501	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 ______ DATE
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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENFROE, PHILIP E DR. 511 PHYLLIS STREET PENSACOLA FL 32503 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNELLGROVE, DAVID DR. 1157 GULF BREEZE PARKWAY GULF BREEZE FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: Dr. Philip E. Renfroe 2-8-01 850 477 8874
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #