2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
03-21-2000 90034 010 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # S64551

1. Entity Name
KEVIN J. YATES D.C., P.A.

Principal Place of Business	Mailing Address
909 E OAK ST.. SUITE A KISSIMMEE FL 34744	909 E OAK ST.. SUITE A KISSIMMEE FL 34744-5840

2. Principal Place of Business	3. Mailing Address
909 E. OAK St.	909 E. OAK St.
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State KISSIMMEE, FL	City & State KISSIMMEE, FL
Zip 34744 Country U.S.	Zip 34744 Country U.S.

4. FEI Number 59-3082401 ☐ 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
YATES, KEVIN J. 909 E. OAK STREET, SUITE A KISSIMMEE FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) 909 E. OAK St. Suite B City KISSIMMEE, FL Zip Code 34744

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] DR. KEVIN J. YATES 3/16/00
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 NAME STREET ADDRESS CITY-ST-ZIP	D YATES, KEVIN J. 909 E OAK ST SUITE A KISSIMMEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL-YATES, SUSAN 909 E. STREET SUITE A KISSIMMEE FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S	☑ 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

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] DR. KEVIN J. YATES 3/16/00 (407) 933-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)