2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am **DOCUMENT # 587535 Secretary of State** 1. Entity Name CHIROPRACTIC ASSOCIATES OF GAINESVILLE, RICHESON 02-02-2001 90272 004 ***150.00 100 Principal Place of Business-Mailing Address 3603 S.'W. 13TH STREET 3603 S. W. 13TH STREET GAINESVILLE FL 32608 GAINESVILLE FL 32608 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1856700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHESON, F KEITH Street Address (P.O. Box Number is Not Acceptable) 3603 SW 13TH STREET **GAINESVILLE FL 32608** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete RICHESON, F. KEITH NAME NAME STREET ADDRESS 3603 SW 13TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL VST TITLE □ Delete TITLE Change Addition SUGGS, LENDON NAME NAME STREET ADDRÉSS 3603-SW-13TH ST= STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pursee 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 life empowered.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

1-8-01

352-372-4/10

Change

☐ Change

☐ Addition

Addition

CR2E034 (10/00)

, Daytime Phone

FILED