

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604464

1. Entity Name

WEBB CHIROPRACTIC CLINIC, P.A.

Principal Place of Business

787 E. PRIMA VISTA BLVD.  
PORT ST. LUCIE FL 34952-2274

Mailing Address

787 E. PRIMA VISTA BLVD.  
PORT ST. LUCIE FL 34952-2274

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1483162

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

WEBB, JACK

787 E. PRIMA VISTA BLVD.

PORT ST. LUCIE FL 34952-2274

Name

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

200004616982 3

-10/01/01--01010--012

City

\*\*\*\*750.00 FL \*\*\*\*750.00

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

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 \$550.00

After September 12, 2001 Fee will be \$750.00  
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 PD  
NAME WEBB, JACK  
STREET ADDRESS 787 E. PRIMA VISTA BLVD  
CITY-ST-ZIP PT ST LUCIE FL

☐ Delete

TITLE 251.25-AR  
NAME 10.00-ARAR+  
STREET ADDRESS 88.75-AR54P  
CITY-ST-ZIP 460.00-GR2A

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☐ Change ☐ Addition

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

9868010 AV

FILED

01 SEP 25 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)