

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90028 016 \*\*\*150.00

**DOCUMENT # 691974**

1. Entity Name

**GOLDEN CHIROPRACTIC CENTER OF CORAL SPRINGS, P.A**

Principal Place of Business

Mailing Address

**7932 WEST SAMPLE ROAD  
 CORAL SPRINGS FL 33065**

**7932 WEST SAMPLE ROAD  
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

3. Mailing Address

**3000 University Dr  
 Suite A**

**3000 University Drive  
 Suite A**

City & State

City & State

**Coral Springs - Fla**

**Coral Springs - Fla**

Zip

Country

Zip

Country

**33065**

**United States**

**33065**

**United States**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIOR, SALVATORE V.  
 400 SE 8TH STREET  
 FT. LAUDERDALE FL 33316**

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

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, 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 **DP** ☐ Delete  
 NAME **GOLDEN, DENNIS**  
 STREET ADDRESS **7932 WEST SAMPLE ROAD**  
 CITY-ST-ZIP **CORAL SPRINGS, FL 00000**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)