

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90091 017 \*\*\*\*70.00

**DOCUMENT # 766373**

1. Entity Name

**THE FLORIDA INSTITUTE OF CHIROPRACTIC RESEARCH A**

Principal Place of Business

Mailing Address

217 N KIRKMAN RD #ONE  
 ORLANDO FL 32811  
 US

217 N KIRKMAN RD #ONE  
 ORLANDO FL 32811-1186  
 US

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

**59-2434533**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, DEBRA MINOR**  
 217 N KIRKMAN RD #ONE  
 ORLANDO FL 32811

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **WILLIAMS, ED E D.C.**  
 STREET ADDRESS **217 N KIRKMAN RD #ONE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HYDE, DR TOM D.C.**  
 STREET ADDRESS **8056 SW 81ST DR**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **Johnson, Tim D.C.**  
 STREET ADDRESS **6043 9th Ave., North**  
 CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **D**  Delete  
 NAME **DOUGHERTY, KEN**  
 STREET ADDRESS **665 N DIXIE FREEWAY**  
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **VD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **JOHNSON, D.C. S**  
 STREET ADDRESS **22395 U. S. HWY 331 N**  
 CITY-ST-ZIP **PAXTON FL 32538**

TITLE **D**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **GUNTHER, ROBERT L.**  
 STREET ADDRESS **12574 INDIAN ROCKS RD.**  
 CITY-ST-ZIP **LARGO FL 34644**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BROWN, DEBRA MINOR**  
 STREET ADDRESS **217 N KIRKMAN RD #ONE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Debra Minor*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 407/290-5883  
 Date Daytime Phone #

CRZE037 (9/99)