

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State

0027094

DOCUMENT # 766373

1. Entity Name -

THE FLORIDA INSTITUTE OF CHIROPRACTIC RESEARCH A

04-06-2001 90032 011 *****70.00

00032390



DO NOT WRITE IN THIS SPACE

Principal Place of Business 217 N KIRKMAN RD #ONE ORLANDO FL 32811 US	Mailing Address 217 N KIRKMAN RD #ONE ORLANDO FL 32811 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2434533	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ED E D.C.	
STREET ADDRESS	217 N KIRKMAN RD #ONE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYDE, DR TOM D.C.	
STREET ADDRESS	6043 4TH AVE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGHERTY, KEN	
STREET ADDRESS	665 N DIXIE FREEWAY	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, D.C. S	
STREET ADDRESS	22395 U. S. HWY 331 N	
CITY-ST-ZIP	PAXTON FL 32538	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUNTHER, ROBERT L.	
STREET ADDRESS	12574 INDIAN ROCKS RD.	
CITY-ST-ZIP	LARGO FL 34644	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DEBRA MINOR	
STREET ADDRESS	217 N KIRKMAN RD #ONE	
CITY-ST-ZIP	ORLANDO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnston, Joseph, DC	
STREET ADDRESS	1230 Seminole Blvd.	
CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Timothy, DC	
STREET ADDRESS	4021 Central Ave., Ste. C	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **DEBRA MINOR** Debra Minor Bown 4/4/01 407/290-5883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)