

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98496

1. Entity Name

FAMILY CHIROPRACTIC HEALTH CENTER, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90063 038 ***150.00

Principal Place of Business

13070 CORTEZ BLVD.
BROOKSVILLE FL 34613

Mailing Address

P.O. BOX 845
BROOKSVILLE FL 34605-0845

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2132375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BENJAMIN, YVONNE K
13070 CORTEZ BLVD.
BROOKSVILLE FL 34613

Name

Lorraine Weber

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

13070 Cortez Blvd

City

Brooksville

FL

Zip Code

34613

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

Lorraine Weber

Lorraine Weber, Finance Officer 3-6-00

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, 2000 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 **P** ☐ Delete
NAME **DAHMER, DAVID K SR.**
STREET ADDRESS **26197 MOUNTAIN LAKE RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34602**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

4-10-00

Date

352-540-4873

Daytime Phone #

CR2E034 (9/99)