

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000573

1. Entity Name

PARKER COLLEGE OF CHIROPRACTIC, CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90150 016 ****61.25

Principal Place of Business

Mailing Address

2500 WALNUT HILL LN.
DALLAS TX 75229

2500 WALNUT HILL LN.
DALLAS TX 75229-5609

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

75-1596658

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

BROWN, DEBRA L
217 N. KIRKMAN RD. #1
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 C ☐ Delete
NAME CZOPOTH, ROBERT J DR.
STREET ADDRESS R.R. 512-611
CITY-ST-ZIP MOUNT BETHEL PA 18343

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

TITLE C ☐ Delete
NAME BIGGER, KEN
STREET ADDRESS 7509 HASSELT CT.
CITY-ST-ZIP PLANO TX 75025

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

TITLE D ☒ Delete
NAME ABELER, JAMES J DR.
STREET ADDRESS 600 E. MAIN ST.
CITY-ST-ZIP ANOKA MN 55303

TITLE S ☐ Change ☒ Addition
NAME Williams, Erskin, DC
STREET ADDRESS 600 Squaw Creek Court
CITY-ST-ZIP Arlington, 76018

TITLE D ☒ Delete
NAME MURPHY, TIMOTHY DR.
STREET ADDRESS 156 NIXON ST.
CITY-ST-ZIP BILOXI MS 39533

TITLE T ☐ Change ☒ Addition
NAME Murphy, Timothy, DC
STREET ADDRESS P. O. Box 1184 - 156 Nixon St
CITY-ST-ZIP Biloxi, MS 39533

TITLE P ☒ Delete
NAME STERN, NEIL DR.
STREET ADDRESS 2500 WALNUT HILL LN.
CITY-ST-ZIP DALLAS TX 75229

TITLE P ☐ Change ☒ Addition
NAME Fabrizio Mancini
STREET ADDRESS 2500 Walnut Hill Lane
CITY-ST-ZIP Dallas, TX 75229

TITLE V ☒ Delete
NAME JASKOVIK, PAUL DR.
STREET ADDRESS 2500 WALNUT HILL LN.
CITY-ST-ZIP DALLAS TX 75229

TITLE V ☐ Change ☒ Addition
NAME Tony Boudreau
STREET ADDRESS 2500 Walnut Hill Lane
CITY-ST-ZIP Dallas, TX 75229

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:

Tony Boudreau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony Boudreau

4-26-00

214-352-7332

Date

Daytime Phone #

CR2E037 (9/99)