

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2001 8:00 am
Secretary of State

09-11-2001 90006 036 ****61.25

DOCUMENT # F99000000573

1. Entity Name

PARKER COLLEGE OF CHIROPRACTIC, CORPORATION



Principal Place of Business

**2500 WALNUT HILL LN.
DALLAS TX 75229**

Mailing Address

**2500 WALNUT HILL LN.
DALLAS TX 75229**

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
After September 12, 2001, min. will be \$236.25**

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 **D** ☐ Change ☒ Addition
NAME **ECKARD, LEANDER DR.**
STREET ADDRESS **2601 Weisenberger**
CITY-ST-ZIP **Ft. Worth, TX 76107**

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

TITLE **D** ☐ Change ☒ Addition
NAME **WILLIAMS, ERSKINE DR.**
STREET ADDRESS **P. O. Box 172112**
CITY-ST-ZIP **Memphis, TN 38119**

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

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

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

TITLE **V** ☒ Change ☐ Addition
NAME **Stern, Neil DR.**
STREET ADDRESS **(same)**
CITY-ST-ZIP

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

TITLE **P** ☐ Change ☒ Addition
NAME **MANCINI, FABRIZIO DR.**
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:

SIGNATURE REQUIRED

8-30-01

214-352-7332

CR2E037 (5/01)