

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G71750

1. Entity Name

ALAN E. SPINNER, D.C., P.A.

Principal Place of Business

4981 GOLDEN GATE PKWY
NAPLES FL 34116
US

Mailing Address

77 GRAHAM DAIRY RD
VENUS FL 33960
US

2. Principal Place of Business

77 Graham Dairy Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

59-2364667

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPINNER, ALAN E.

4981 GOLDEN GATE PKWY
NAPLES FL 33960

7. Name and Address of New Registered Agent

Name

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

77 Graham Dairy Rd

City

Venus

FL

Zip Code

33960

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

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, 2001 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

TITLE	PT	<input type="checkbox"/> Delete
NAME	SPINNER, ALAN E.	
STREET ADDRESS	4981 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPINNER, ALAN E.	
STREET ADDRESS	4981 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPINNER, LINDA	
STREET ADDRESS	4981 GOLDEN GATE PKWY	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	77 Graham Dairy Rd	
CITY-ST-ZIP	VENUS, FL 33960	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	77 Graham Dairy Rd	
CITY-ST-ZIP	VENUS, FL 33960	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	77 Graham Dairy Rd	
CITY-ST-ZIP	VENUS, FL 33960	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

3-23-01

863-699-9234

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90019 034 ***150.00



DO NOT WRITE IN THIS SPACE

0638530

CR2E034 (10/00)