

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**  
 02-15-2001 90009 047 \*\*\*150.00

0471923

**DOCUMENT # H21716**

1. Entity Name  
**PHILLIP S. TEPPERBERG D.C., P.A.**

Principal Place of Business

P.O. BOX 1669  
 MELROSE FL 32666  
 US

Mailing Address

PO BOX 521  
 EARLETON FL 32631  
 US

2. Principal Place of Business

3. Mailing Address

**3141 N.W. 13th Street**

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Gainesville Florida**

**same**

Zip

Country

Zip

Country

**32609 USA.**

**same**

**same**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2450924**

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

**TEPPERBERG, PHILLIP S.**

**21209 NE 113 AVE**

**EARLETON FL 32631**

**ADDRESS CHANGE ONLY**

Name

**same**

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

**3141 N.W. 13th Street**

City

**Gainesville**

FL

Zip Code

**32609**

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

*Phillip S. Tepperberg*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/12/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>TEPPERBERG, PHILLIP S.</b>	
STREET ADDRESS	<b>21209 NE 113 AVE</b>	
CITY-ST-ZIP	<b>EARLETON FL 32631</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Phillip S. Tepperberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/12/01**

Date

**(352) 372-2468**

Daytime Phone #

CR2E034 (10/00)