

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90262 050 \*\*\*150.00

0128485 AT

**DOCUMENT # H24391**

1. Entity Name  
**GEOFFREY W. DEVINE, D.C., P.A.**

Principal Place of Business <b>% GEOFFREY W. DEVINE          13061 CORTEZ BLVD          BROOKSVILLE FL 34613</b>	Mailing Address <b>% GEOFFREY W. DEVINE          13061 CORTEZ BLVD          BROOKSVILLE FL 34613</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2462060</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>DEVINE, GEOFFREY W.          13061 CORTEZ BLVD          BROOKSVILLE FL 34613</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DEVINE, GEOFFREY W.</b>			NAME			
STREET ADDRESS	<b>8402 BRAGANZA</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>SPRING HILL FL 34608</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED **07/11/01** **5961386**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
Doc# H24391  
20013751



DEVINE-CHIROPRACTIC CLINIC

GEOFFREY W. DEVINE, D.C., P.A.

13061 Cortez Blvd.

Brooksville, Florida 34613-4838

Telephone: (352) 596-1386

Fax: (352) 596-1349

July 11, 2001

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, Fl 32302-1500

Re: 2001 Uniform Business Report (UBR)  
Document # H24391  
TAX ID 59-2462060

Dear Division of Corporations:

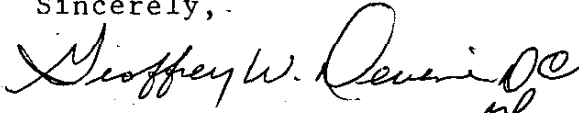
I have just received the 2001 Uniform Business Report, indicating that it was due at an earlier date this year, and looking back at my file from previous years, it shows I usually pay \$150.00.

Since I did not received a report to file earlier this year, I am enclosing the requested report along with my check for the amount of \$150.00.

Please let me know if you need any additional information. I am sorry that I have no way of proving to you that I did not receive the original report for filing, but it was never received at this office.

Thank you for your consideration.

Sincerely,



Geoffrey W. Devine, DCPA

GWD/pd

attachments