

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90024 027 ***150.00

DOCUMENT # J10911

1. Entity Name

LAKE MARY BOULEVARD CHIROPRACTIC CLINIC, INC.

Principal Place of Business

~~820 W. LAKE MARY BLVD
 SUITE 107
 SANFORD FL 32772-2116
 US~~

Mailing Address

~~820 W. LAKE MARY BLVD SUITE 107
 PO BOX 2106
 SANFORD FL 32772-2106
 US~~

010024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

501 W. SR. 434
 Suite, Apt. #, etc.

3. Mailing Address

501 W. SR. 434
 Suite, Apt. #, etc.

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS

Zip

32708

Country

USA

Zip

32708

Country

USA

4. FEI Number

59-2698482

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YANDELL, THOMAS F. JR.
~~820 W. LAKE MARY BLVD.~~
~~STE. #107~~
~~SANFORD FL 32772~~

501 W. SR. 434
WINTER SPRINGS,
FL. 32708

7. Name and Address of New Registered Agent

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

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, 2000 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	PSD	<input type="checkbox"/> Delete
NAME	YANDELL, THOMAS F., J. R.	
STREET ADDRESS	610 KINGSMILL COVE #202	
CITY-ST-ZIP	LAKE MARY FL 32746	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input type="checkbox"/> Change
NAME	CARR, COMEHEAD-YANDELL	
STREET ADDRESS	610 Kingsmill Cove #202	
CITY-ST-ZIP	LAKE MARY, FL 32746	<input type="checkbox"/> Change
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 #

Thomas F. Yandell Jr **1-31-00** **(407) 323-089**