

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K37232

1. Entity Name

ROBERT W. TRAVEN, D.C., P.A.

Principal Place of Business

960 N COURTENAY PKWY  
SUITE 1  
MERRITT ISLAND FL 32953  
US

Mailing Address

PO BOX 540610  
MERRITT ISLAND FL 32954  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2901340

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRAVEN, ROBERT W  
8817 NORTH ATLANTIC #110 3280 BISCAYNE DR  
CAPE CANAVERAL FL 32920 MERRITT ISL, FL  
32953

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

01-12-01

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 DP  
NAME TRAVEN, ROBERT W  
STREET ADDRESS 8817 N ATLANTIC #110 3280 Biscayne Dr.  
CITY-ST-ZIP CAPE CANAVERAL FL 32920 Merritt Island FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME TRAVEN, MELISSA  
STREET ADDRESS 8817 N ATLANTIC #110 3280 Biscayne Dr.  
CITY-ST-ZIP CAPE CANAVERAL FL 32920 Merritt Island FL 32953

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME TRAVEN, PATRICIA  
STREET ADDRESS 837 ROYAL VIEW CIRCLE  
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE  
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CITY-ST-ZIP

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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 a binding, if empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-01

Date

321-453-6126

Daytime Phone #

CR2E034 (10/00)