

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K45999

1. Entity Name

SANDRA ROBERTS, D.C., P.A.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90018 026 ***550.00

Principal Place of Business

% SANDRA ROBERTS DC
 22 N BERMUDA AVE
 KISSIMMEE FL 34741-5457

Mailing Address

% SANDRA ROBERTS DC
 22 N BERMUDA AVE
 KISSIMMEE FL 34741-5457

2. Principal Place of Business

% Sandra Roberts, DC

Suite, Apt. #, etc.

22 N. John Young Parkway

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Address

% Sandra Roberts, DC

Suite, Apt. #, etc.

22 N. John Young Parkway

City & State

Kissimmee, FL

Zip

34741

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2921708

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, SANDRA
 22 N. BERMUDA AVENUE
 KISSIMMEE FL 34741

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete

NAME ROBERTS, JOHN GREGORY

STREET ADDRESS 10340 VINELAND RD

CITY-ST-ZIP RICHMOND VA

TITLE ☐ Delete

NAME VP

STREET ADDRESS HANCOCK, PAUL D

CITY-ST-ZIP 524 MINNESOTA AVE

TITLE ☐ Delete

NAME P

STREET ADDRESS ROBERTS, SANDRA

CITY-ST-ZIP 22 N BERMUDA AVENUE

TITLE ☐ Delete

NAME D

STREET ADDRESS ROBERTS, LISA

CITY-ST-ZIP 10340 VINELAND RD

TITLE ☐ Delete

NAME D

STREET ADDRESS WAYHAM, BRUCE

CITY-ST-ZIP 2918 BRIARGROVE

TITLE ☐ Delete

NAME

STREET ADDRESS SAN ANGELO TX 76904

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Sandra Roberts

9/7/00

407-842-6788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)