

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90022 003 \*\*\*150.00

86024698



DO NOT WRITE IN THIS SPACE

**DOCUMENT # K99048**

1. Entity Name

**CHIROPRACTIC CENTER OF VENICE, P.A.**

Principal Place of Business

Mailing Address

730 US 41 BYPASS NORTH  
 SUITE A  
 VENICE FL 34292

730 US 41 BYPASS NORTH  
 SUITE A  
 VENICE FL 34292-1043  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2969878**

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

Name

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

City

**FL**

Zip Code

**CASELLA, JOHN**  
**609 S TAMiami TrL**  
**VENICE FL 34285**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	KANE, BRIAN E	
STREET ADDRESS	730 US 41 BYPASS NORTH, SUITE A	
CITY-ST-ZIP	VENICE FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	GRAF-KANE, DEBRA L	
STREET ADDRESS	730 US 41 BYPASS NORTH, SUITE A	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
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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: *Debra Graf Kane* (DEBRA GRAF-KANE) 2-15-00 941 484-6877

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)