

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L32915**
 1. Entity Name **The BALANCE DISORDERS CLINIC, Inc**

FILED
 00 JUL 21 AM 10: 27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1401. CENTERVILLE Rd. **P.O. Box 13393**
Suite 510 **Jal, Fl 32317**
Jal, Fl. 32308 US.

2. Principal Place of Business 3. Mailing Address
Same as above **Same as above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

REINSTATEMENT 09-00

4. FEI Number **59-2984100** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Mailland, Charles G
4935 Arden Forest Way
Jal, Fl. 32308

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 **Mailland** President **Charles G Mailland** 4/26/00
 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	<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		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **Mailland** **CC VTB/PL BWD** 4/26/00 859 878-3592
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)