

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001445

1. Entity Name

RIBLEY CHIROPRACTIC FAMILY CENTER LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 21 AM 10:02

Principal Place of Business

8525 W. HILLSBOROUGH AVE.
TAMPA FL 33615

Mailing Address

8525 W. HILLSBOROUGH AVE.
TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3536979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRENCH, JEAN
6408 ALTA MONTE DR.
TAMPA FL 33634

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RIBLEY, LARRY**
CITY-ST-ZIP **8525 W. HILLSBOROUGH AVE.**
TAMPA FL 33615

☐ Change ☐ Addition
700003380187--2
-09/01/00--01053--014
*******50.00 *****50.00**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **RIBLEY, PATTY**
CITY-ST-ZIP **8525 W. HILLSBOROUGH AVE.**
TAMPA FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8/18/00

Date

813 881 8824

Daytime Phone #