

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004280
1. Entity Name
FLORIDA SCHOOL OF ACUPUNCTURE AND ORIENTAL MEDIC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business
 1705 N.W. 6TH STREET
 GAINESVILLE FL 32609

Mailing Address
 1705 N.W. 6TH STREET
 GAINESVILLE FL 32609

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip **Country** **Zip** **Country**

4. FEI Number
 59-3588703

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

BAXLEY, MILTON H II
 1929 N.W. 12TH TERRACE
 GAINESVILLE FL 32609

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** _____

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLE, DAVID N 1705 N.W. 6TH STREET GAINESVILLE FL 32609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003351207--3 -08/09/00--01086--019 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DAVID N. BOLE, MEMBER **7/27/00** **352/371-2833**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #