

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M08691

1. Entity Name

THE CHIROPRACTIC OFFICE OF DR. RICHARD E. STOPEK

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90278 016 \*\*\*158.75

Principal Place of Business

~~4722 OKEECHOBEE BOULEVARD~~  
~~WEST PALM BEACH FL 33417~~

Mailing Address

~~4722 OKEECHOBEE BOULEVARD~~  
~~WEST PALM BEACH FL 33417-4026~~

004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1920 PALM BEACH LAKES BLVD.

3. Mailing Address

1920 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

SUITE 206

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

4. FEI Number

59-2518446

Applied For

Not Applicable

Zip

33409

Country

FLORIDA

Zip

33409

Country

FLORIDA

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

STOPEK, RICHARD E.

~~14356 HALTER RD~~

~~WELLINGTON FL 33414~~

Name

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

6311 VIA VENETIA NORTH

City

DELRAY BEACH

FL

Zip Code

33484

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	PSD	<input type="checkbox"/> Delete
NAME	STOPEK, RICHARD E.	
STREET ADDRESS	<del>14356 HALTER RD</del>	
CITY-ST-ZIP	<del>WELLINGTON FL</del>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STOPEK, RICHARD E.	
STREET ADDRESS	<del>14356 HALTER RD</del>	
CITY-ST-ZIP	<del>WELLINGTON FL</del>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6311 VIA VENETIA NORTH	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6311 VIA VENETIA NORTH	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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:

*Richard E. Stopek* RICHARD E. STOPEK, D.C.P.A. 1/13/00 (561) 683-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)