

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00869

1. Entity Name

COUNCIL ON ORTHOPEDICS OF THE FLORIDA CHIROPRACT

Principal Place of Business

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY FL 34691-3996

Mailing Address

C/O DR. RANDOLPH C. HARDING
2326 US HIGHWAY 19
HOLIDAY FL 34691-3996

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

59-2355846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDING, DR. RANDOLPH C.
2326 US HIGHWAY 19
HOLIDAY FL 34691-0996

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ARIAS, TERI
STREET ADDRESS 2610 W HILLSBOURGH AVENUE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE DC
NAME BYRON, CLARK
STREET ADDRESS 2610 W HILLSBORO AVENUE
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE STD
NAME HARDING, DR. RANDOLPH C.
STREET ADDRESS 2326 US HWY 19
CITY-ST-ZIP HOLIDAY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90016 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)