

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90152 037 ***61.25

DOCUMENT # N00869
 1. Entity Name
COUNCIL ON ORTHOPEDICS OF THE FLORIDA CHIROPRACTIC ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O DR. RANDOLPH C. HARDING **C/O DR. RANDOLPH C. HARDING**
2326 US HIGHWAY 19 **2326 US HIGHWAY 19**
HOLIDAY FL 34691-3996 **HOLIDAY FL 34691-3996**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **59-2355846** Applied For
 Not Applicable

Zip Country Zip Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	PD ARIAS, TERI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2610 W HILLSBOURGH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	DC BYRON, CLARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2610 W HILLSBORO AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE NAME	STD HARDING, DR. RANDOLPH C.	<input type="checkbox"/> Delete
STREET ADDRESS	2326 US HWY 19	
CITY-ST-ZIP	HOLIDAY FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	BYRON CLARK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3105 W WATERS AVE SUITE 210	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE NAME	MIKE SHONTZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2326 US HWY 19	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *R. Harding* **RECORDED** 4/8/02 (22)931-4191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)