2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # N01000003199

1. Entity Name

COUNCIL OF FLORIDA CHIROPRACTORS, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90135 010 ****61.25

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			D COLORADO AVENUE WART FL 34994			90021191				
t. Principal Place of Business 3. N		3. Mailin	g Address		<u> </u>					
. Timoparia		<u> </u>								
Suite, Apt. #, etc.			ite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State City			y & State			4. FEI'Number 65-	4. FEI Number 65-1117029 Applied For Not Applicable			
Zip							5. Certificate of Status Desired			
	6. Name and Address of Current	Registered	Agent			- 7. Name and Addre	ss of New Registered /	\gent		
					Name					
MERRITT, JEFFREY S 500 COLORADO AVENUE					Street Addre	ss (P.O. Box Number is No	t Acceptable)			
STUART FL 34994										
					City		· FL	Zip Code		
• Ti -b	named entity submits this statement for	or the nurno	se of changing its	reaister	ed office or reg	istered agent, or both, in th	e State of Florida. I am	familiar with, a	nd accept	
Ine above the obligati	named entity submits this statement in ions of registered agent.	or the purpo	oc or orianging in			•	į			
							·			
SIGNATURE .						- industrial	DATE			
	Signature, typed or printed name of registered agen	t and title if appli	cable. (NOT	TE: Registere		quired when reinstating)				
							Make Chec	k Pavahle i	n	
FILE NOW: FEE IS \$61.25			 Election Campaign Financing Trust Fund Contribution. \[\square \]			\$5.00 May Be Added to Fees	Florida Depar	tment of S	tate	
·			Trust Fulla	CONTIDU	.011.	Added to 1 ees	Tionaa Bopa.			
	OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	10	
10.	PD	III COTOTIO	☐ Delete	TITL			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME	SANTO, RICHARD J DC			NAN	AE.					
STREET ADDRESS	134 BRIDGE ROAD			STR	EET ADDRESS					
CITY-ST-ZIP	TEQUESTA FL 33469			CITY	Y-ST-ZIP					
TITLE	VD		☐ Delete	TITL	E	·		☐ Change	Addition	
NAME	HART, ELIZABETH A DC			NAf	ΛE					
STREET ADDRESS	1695 W INDIANTOWN ROAD			STR	EET ADDRESS					
CITY-ST-ZIP	JUPITER FL 33458		THE TREATMENT TOTAL	-c =CIT	Y-ST-ZIP	ستنوال د د در بنده از د جود ت 				
TITLE	D		☐ Delete	TIT	LE			Change	Addition Addition	
NAME	MERRITT, JEFFREY S DC			NAI						
STREET ADDRESS	500 COLORADO AVENUE				REET ADDRESS					
CITY-ST-ZIP	STUART FL 34994			CIT	Y-ST-ZIP		<u> </u>		Addition	
TITLE			☐ Delete	TIT	i i			Change	☐ Addition	
NAME				NA.						
STREET ADDRESS					REET ADDRESS					
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NAME				1	ME					
STREET ADDRESS					REET ADDRESS TY-ST-ZIP		i			
CITY-ST-ZIP								☐ Change	Addition	
TITLE			☐ Delete	ווד	LE [

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

01-07-03 772-220-2282