

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an  
Secretary of State

02-07-2000 90007 043 \*\*\*\*61.25

DOCUMENT # N98000004042

1. Entity Name

FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION, INC

Principal Place of Business

Mailing Address

1108 LUCERNE TERR.  
ORLANDO FL 32806

1108 LUCERNE TERR.  
ORLANDO FL 32806-1017

80015258

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

59-3524472

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LACY, JILL  
1108 LUCERNE TERR.  
ORLANDO FL 32806

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LACY, RODERIC A  
1108 LUCERNE TERRACE  
ORLANDO FL 32806 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PETKER  
PATTER, MICHEAL  
220 MASON AVE  
DAYTONA BEACH FL 32117 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FILANDO, ANTHONY  
201 N WYNORE RD  
WINTER PARK FL 32787 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BOD  
FELT, KENNETH  
PO BOX 121044  
CLEMONT FL 34712 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WECKER, RICHARD  
551 S APOLLO BLVD  
MELBOURNE FL 32901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Badanek, Michael - D ☐ Change ☒  
P.O Box 10  
Silver Springs, FL 34489

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Johansen, Roger - D ☐ Change ☒  
800 E Bay Dr.  
Suite P Largo, FL 33770

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Kirkland, David - D ☐ Change ☒  
1315 Lane Ave. Ste 3  
Jacksonville, FL 32205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Podlaski, John - D ☐ Change ☒  
2721 S.E. 23rd Ave.  
Ocala, FL 34471

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Schaefer, Michael - D ☐ Change ☒  
4831 Chancellor St NE  
St. Petersburg, FL 33703

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

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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/1/2000 407 725 266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #