

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004042

1. Entity Name

FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION, INC

Principal Place of Business

1108 LUCERNE TERR.
ORLANDO FL 32806

Mailing Address

1108 LUCERNE TERR.
ORLANDO FL 32806

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACY, JILL
1108 LUCERNE TERR.
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name Debbie Lankin

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

1108 Lucerne Terr.

City Orlando

FL

Zip Code
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

Deborah J. Lankin Deborah J. Lankin 4/3/01

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

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BADANEK, MICHAEL**
CITY-ST-ZIP **PO BOX 10
SILVER SPRINGS FL 34489**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **BOD.**
STREET ADDRESS **Johansen, Roger**
CITY-ST-ZIP **800 E. Bay Dr. Ste P.
Largo, FL 33770**

TITLE ☐ Change ☒ Addition
NAME **BOD.**
STREET ADDRESS **Kennedy, John**
CITY-ST-ZIP **1034 Pebble Beach Cir W.
Winter Springs, FL 32708**

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

TITLE ☐ Change ☒ Addition
NAME **BOD**
STREET ADDRESS **Lieberman, Robert.**
CITY-ST-ZIP **5217 W. Colonial Dr.
Orlando, FL 32808**

TITLE ☐ Change ☒ Addition
NAME **BOD**
STREET ADDRESS **Petrillo, Henry**
CITY-ST-ZIP **P.O. Box 6615
Spring Hill, FL 34611**

TITLE ☐ Change ☒ Addition
NAME **BOD**
STREET ADDRESS **Ross, Kenneth.**
CITY-ST-ZIP **908 Red Fox Lane
Altamonte Springs, FL 32714**

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:

Roderic A. Lacy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 407 425 2615
Date Daytime Phone #

00034332



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)