2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State
07-28-2000 90153 025 ****61.25

DOCUMENT # N99000001080

1. Entity Name

S.W. FLORIDA CHIROPRACTIC EDUCATION ASSOCIATION.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2060 COLLIER AVE., STE. #5 FT. MYERS FL 33901	2060 COLLIER AVE., STE. #5 FT. MYERS FL 33901

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 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEVERT, THOMAS DR.
2060 COLLIER AVE., STE. #5
FT. MYERS FL 33901

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
After September 13, 2000 min. will be $236.25

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		☐ Delete	☐ Change ☐ Addition
D	President Thomas Sievert 2060 Collier Ave #5 Fort Myers, FL 33901		
D	DAN LEWIS - VICE PRES 3900-6 Broadway Ft Myers, Fla 33901	☐ Delete	☐ Change ☐ Addition
D	~~Kurt Furbee Secretary~~ 13971 N. Cleveland Ave #16 N. Ft Myers, Fla 33903	☐ Delete	☐ Change ☐ Addition
D	Chuck Murphy - Treasurer 1110 Del Prado Blvd S. Cape Coral, Fla 33909	☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition
		☐ Delete	☐ Change ☐ Addition

CR2E037 (5/00)

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 REQUIRED 7-25-00 941-936-1233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #