

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003380

1. Entity Name

THE CENTER FOR OSTEOPOROSIS, INC.

Principal Place of Business

9756 SAN JOSE BLVD. STE. 5  
JACKSONVILLE FL 32257

Mailing Address

9756 SAN JOSE BLVD. STE. 5  
JACKSONVILLE FL 32257

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SHIELDS, WILLIAM E  
1684 OLD MANDARIN ROAD  
JACKSONVILLE FL 32223

REINSTATEMENT

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

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

TITLE D ☐ Delete  
NAME SHIELDS, WILLIAM E  
STREET ADDRESS 1684 OLD MANDARIN ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☐ Delete  
NAME BENNETT, RANDALL C  
STREET ADDRESS 5031 BRADFORD RD.  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☐ Delete  
NAME BENNETT, JANICE R  
STREET ADDRESS 5031 BRADFORD RD.  
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE D ☐ Delete  
NAME TINNEY, MARGIE  
STREET ADDRESS 101 WEST RIDGE CT.  
CITY-ST-ZIP KINGSLAND GA 31546

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

0001398

FILED

00 DEC -5 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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KE

10/06/00

904 292 2109