

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089659

1. Entity Name
SPARGO FAMILY CHIROPRACTIC, INC.

Principal Place of Business Mailing Address
12554 SOUTH JOHN YOUNG PARKWAY, *Ste 103* 12554 SOUTH JOHN YOUNG PARKWAY, *STE. 103*
ORLANDO FL 32837 ORLANDO FL 32837

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

4. FEI Number *59-3667566* Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

SPARGO, DAVID C
1553 MAIDENCANE LOOP *13237 Heather Moss Dr*
OWIEDO FL 32765 *# 1019*
ORLANDO, FL 32837

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 *Diane J. Spargo*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME SPARGO, DAVID C *13237 Heather Moss Dr*
STREET ADDRESS *1553 MAIDENCANE LOOP*
CITY-ST-ZIP *OWIEDO FL 32765 ORLANDO FL 32837*

TITLE ☐ Delete
NAME SPARGO, CHARLES H *13237 Heather Moss Dr*
STREET ADDRESS *1553 MAIDENCANE LOOP*
CITY-ST-ZIP *OWIEDO FL 32765 ORLANDO FL 32837*

TITLE ☐ Delete
NAME SPARGO, DIANE J *13237 Heather Moss Dr*
STREET ADDRESS *1553 MAIDENCANE LOOP*
CITY-ST-ZIP *OWIEDO FL 32765 ORLANDO FL 32837*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane J. Spargo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE J. SPARGO

3/20/01
Date

Daytime Phone #

407-816-

9274

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90015 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)