

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007938

1. Entity Name

GULFVIEW CHIROPRACTIC OF CRYSTAL RIVER, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90236 012 \*\*\*150.00

Principal Place of Business

Mailing Address

760 N. SUNCOAST BLVD.  
CRYSTAL RIVER FL 34429  
US

760 N. SUNCOAST BLVD.  
CRYSTAL RIVER FL 34429-9072  
US

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 **59-3165412**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HALLEY, CHARLES F.  
8317 US HWY 19  
PORT RICHEY FL 34668

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	HALLEY, CHARLES F	
STREET ADDRESS	8317 U.S. HWY 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HALLEY, CHARLES F	
STREET ADDRESS	8317 U.S. HWY 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	LACHANCE, JOSEPH	
STREET ADDRESS	7736 W. HILLSBOROUGH AVE.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P/VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLEY, CHARLES F.	
STREET ADDRESS	8317 U.S. HIGHWAY 19	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Charles Halley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES HALLEY

*4/12/00*

Date

*727-847-4611*

Daytime Phone #

CR2E034 (9/99)