

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041272

1. Entity Name

NATIONAL CHIROPRACTIC RESEARCH CORPORATION

Principal Place of Business

Mailing Address

216 PARK BLVD. SOUTH  
VENICE FL 34285

216 PARK BLVD. SOUTH  
VENICE FL 34285-2127

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

65-0426626

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

SAUNDERS, LEWIS  
216 PARK BLVD. SOUTH  
VENICE FL 34285

Deceased 3-1-2000

Name  
Ruth Saunders

Street Address (P.O. Box Number is Not Acceptable)  
216 Park Blvd. South

Venice, Fla. 34285

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 Ruth Saunders, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-2000

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 PT  
NAME SAUNDERS, LEWIS Deceased 3-1-2000 ☒ Delete  
STREET ADDRESS 216 PARK BLVD. SOUTH  
CITY-ST-ZIP VENICE FL 34285

TITLE VS  
NAME SAUNDERS, RUTH see block 12 ☒ Delete  
STREET ADDRESS 216 PARK BLVD. SOUTH  
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PT M ☒ Change ☐ Addition  
NAME SAUNDERS, Ruth  
STREET ADDRESS 216 PARK BLVD. SOUTH  
CITY-ST-ZIP VENICE, FLA 34285

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  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90005 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4-25-2000 941-488-3655