

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000041272

1. Entity Name

NATIONAL CHIROPRACTIC RESEARCH CORPORATION

Principal Place of Business

216 PARK BLVD. SOUTH
VENICE FL 34285

Mailing Address

216 PARK BLVD. SOUTH
VENICE FL 34285

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

SAUNDERS, LEWIS
216 PARK BLVD. SOUTH
VENICE FL 34285

Deceased 3-1-2000

7. Name and Address of New Registered Agent

Name

Ruth SAUNDERS
Street Address (P.O. Box Number is Not Acceptable)
216 S. PARK BLVD.

VENICE, FLA.

City

FL

Zip Code

34285

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)

DATE

4-30-01

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

☐ Delete

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTM
NAME Saunders, Ruth
STREET ADDRESS 216 S. Park Blvd.
CITY-ST-ZIP Venice, FLA 34285
☒ Change ☐ Addition

TITLE VICE-PRESIDENT
NAME James M. Saunders III
STREET ADDRESS 408 Marquette Rd.
CITY-ST-ZIP Venice, FLA. 34292
☐ Change ☒ Addition

TITLE SECRETARY & TREASURER
NAME Jennifer Tiller
STREET ADDRESS 2760 Schooner Lane
CITY-ST-ZIP Venice, FLA. 34293
☐ Change ☒ Addition

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

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

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

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: *Ruth A. Saunders*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 941-488-3655

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90168 009 ***150.00

C0065792



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)