

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90065 040 \*\*\*150.00

050902 AV

**DOCUMENT # P93000047528**

1. Entity Name

**WILLIAM J. CARRICK, D.C., P.A.**

Principal Place of Business

**2730 NW 39TH AVE.  
 GAINESVILLE FL 32605**

Mailing Address

**2730 NW 39TH AVE.  
 GAINESVILLE FL 32605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3188022**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARRICK, WILLIAM J DC  
 2730 NW 39TH AVE.  
 GAINESVILLE FL 32605**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>CARRICK, WILLIAM</b>	NAME	
STREET ADDRESS	<b>2730 NW 39TH AVE.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vil-Am Ben-Ahlin</b>	NAME	
STREET ADDRESS	<b>2730 NW 39th Ave</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Gainesville, FL</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED**  
 [Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc. # 98-2057-CA-174/2875

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR ALACHUA COUNTY, FLORIDA

CIRCUIT COURT CLERK  
J.K. "Buddy" Irby  
ALACHUA COUNTY, FL  
Date 06/17/1998 12:35  
Document ID 1541881  
Book/Page CA 174/2875

Case No.: 98-2057-CA  
Division: H

IN RE: THE NAME CHANGE OF

98-2057-CA

William James Carrick  
Petitioner.

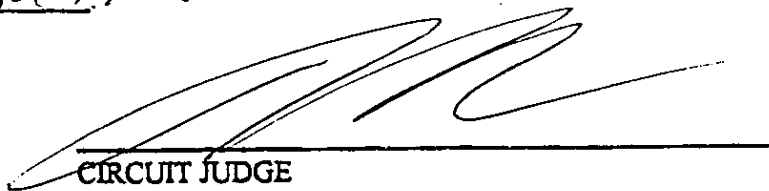
**FINAL JUDGMENT OF CHANGE OF NAME (ADULT)**

This cause came before the Court on (date) 6-12-98, for a hearing on Petition for Change of Name (Adult) under section 68.07, Florida Statutes, and it appearing to the Court that:

1. Petitioner is a bona fide resident of Alachua County, Florida;
2. Petitioner's request is not for any ulterior or illegal purpose; and
3. granting this petition will not in any manner invade the property rights of others, whether partnership, patent, good will, privacy, trademark, or otherwise; it is

ORDERED that Petitioner's present name, William James Carrick, is changed to Vil-Am Ben-A'him, by which Petitioner shall hereafter be known.

ORDERED ON 12 June 1998

  
CIRCUIT JUDGE

COPIES TO:  
Petitioner

98 JUN 16 PM 4:07



J.K. "Buddy" Irby, Clerk of Circuit & County Court, Eighth Judicial Circuit of Florida, in Alachua County, hereby certifies this document to be a true and correct copy of the document as filed in this office. Witness my hand and the seal of this office on this 18th day of June, 1998.  
J. Beakley  
Deputy Clerk