

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081715

1. Entity Name

CARMEL CHIROPRACTIC CLINIC, INC.

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90085 017 \*\*\*150.00

Principal Place of Business

10504 SPRING HILL DRIVE  
SPRING HILL FL 34608  
US

Mailing Address

10504 SPRING HILL DRIVE  
SPRING HILL FL 34606-4562  
US

2. Principal Place of Business

5374 Spring Hill Drive  
Suite, Apt. #, etc.

3. Mailing Address

5374 Spring Hill Drive  
Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Spring Hill, FL

4. FEI Number

59-3212495

Applied For

Not Applicable

Zip

34606

Country

Hernando

Zip

34606

Country

Hernando

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAVRICH, DENISE  
10504 SPRING HILL DRIVE  
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
LAVRICH, DENISE, R  
10504 SPRING HILL DRIVE  
SPRINGS HILL FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

4/18/00

Date

352 683 6454

Daytime Phone #

CR2E034 (9/99)