## 2000 UNIFORM BUSINESS REPORT (UBR)

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**SIGNATURE:** 

## DOCUMENT # **P94000002471** Apr 18, 2000 8:00 am Secretary of State STANSBERRY CHIROPRACTIC CLINIC, INC. 04-18-2000 90147 029 \*\*\*150.00 Principal Place of Business (E. ) Mailing Address 501 N.W. 16 AVE. GAINESVILLE FL 32601-4202 GAINESVILLE FL 32601 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-32 18250 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAMBERLAIN, STEVEN M Street Address (P.O. Box Number is Not Acceptable) -ONE S.E. FIRST AVE. **GAINESVILLE FL 32601** 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition PST. TITLE & / e Delete : TITLE NAME AS 26 M STANSBERRY, TERRY W. NAME STREET ADDRESS STREET ADDRESS 5308 S.W. 75TH TERR. CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE FL 32608** ☐ Addition Change ☐ Delete TITLE TITLE STANSBERRY, PATRICIA A NAME 1/15 STREET ADDRESS STREET ADDRESS 5308 SW 75TH TERR CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME MAMP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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