

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026207

1. Entity Name

FLORIDA CHIROPRACTIC COALITION, INC.

R

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90053 039 ***150.00

Principal Place of Business

919 E CYPRESS CREEK ROAD
 FT LAUDERDALE FL 33334

Mailing Address

919 E CYPRESS CREEK ROAD
 FT LAUDERDALE FL 33334

2. Principal Place of Business

1627 S Andrews Ave

3. Mailing Address

1627 S. Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Laud. FL

City & State

Ft. Laud FL

4. FEI Number

65-0483656

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NAGER, BRUCE A
 919 E CYPRESS CREEK ROAD
 FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name Stewart G. Gorenberg

Street Address (P.O. Box Number is Not Acceptable)
1627 S. Andrews Ave

City Ft. Laud.

FL

Zip Code 33316

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 Stewart G. Gorenberg DC Stewart G. Gorenberg DC 8/8/00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☒ Delete
 NAME NAGER, BRUCE A
 STREET ADDRESS 919 E CYPRESS CREEK ROAD
 CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE VD ☐ Delete
 NAME HAROLD, JEROME
 STREET ADDRESS 919 E CYPRESS CREEK ROAD
 CITY-ST-ZIP FT LAUDERDALE FL 33334

TITLE SD ☐ Delete
 NAME REINER, RICHARD
 STREET ADDRESS 5768 OKECHOBEE BLVD
 CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE TD ☐ Delete
 NAME GORENBERG, STEWART
 STREET ADDRESS 1627 S ANDREWS AVE
 CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE DD ☐ Delete
 NAME John, Gentile
 STREET ADDRESS 8056 S.W. 81 Drive
 CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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: Stewart G. Gorenberg DC
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00
 Date

Daytime Phone #

CR2E034 (5/00)

DR. STEWART G. GORENBERG
Chiropractor

Attachment
DA 041000607
DW 78385

8/8/00

To Whom it MAY CONCERN:

PLEASE ACCEPT \$150.00 FOR
CORPORATION FILING FEES AS PER MY CONVERSATION
WITH A REPRESENTATIVE TODAY. THE
FORMS WERE NEVER RECEIVED.
THANK-YOU VERY MUCH.

Sincerely,

Stewart G. Gorenberg, DC