

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90119 045 \*\*\*150.00

**DOCUMENT # P94000078819**

1. Entity Name  
**NAPLES FAMILY CHIROPRACTIC, INC.**

Principal Place of Business <b>501 GOODLETTE ROAD NORTH                  SUITE 100                  NAPLES FL 33940                  US</b>	Mailing Address <b>501 GOODLETTE ROAD NORTH                  SUITE 100                  NAPLES FL 34102-5661                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>501 GOODLETTE ROAD NORTH</b> Suite, Apt. #, etc. <b>SUITE 100</b> City & State <b>NAPLES, FL</b> Zip <b>34102</b>	3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country
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4. FEI Number <b>65-0534147</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**SINGER, MICHAEL S.  
 701 NORTHPOINT PARKWAY  
 SUITE 330  
 WEST PALM BEACH FL FF407**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROSEN, GREGG</b>		NAME		
STREET ADDRESS	<b>631 US HIGHWAY ONE, 301</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</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:** **4/7/00** **561-844-6900**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)