

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038121

1. Entity Name

LERNER FAMILY CHIROPRACTIC CENTRE, P.A.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90078 041 ***150.00

Principal Place of Business

1522 N. BERMUDA AVE.
KISSIMMEE FL 34741

Mailing Address

PO BOX 422405
KISSIMMEE FL 34742-2405

2. Principal Place of Business

700 W. VINE ST
STE # 101

3. Mailing Address

SAME
Changes

City & State

KISSIMMEE

City & State

KISSIMMEE

Zip

FL

Country

USA

Zip

34741

Country

USA

4. FEI Number

65-3321427

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LERNER, BEN
1522 N. BERMUDA AVE.
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name LERNER, BEN S.
Street Address (P.O. Box Number is Not Acceptable)
700 W. VINE ST.; STE #101
City KISSIMMEE FL Zip Code 34741

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  BEN S. LERNER

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/00

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 P
NAME LERNER, BEN
STREET ADDRESS 1522 N. BERMUDA AVE.
CITY-ST-ZIP KISSIMMEE FL 34741 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME LERNER, BEN S. ADDRESS ☒ Change ☐ Addition
STREET ADDRESS 700 W. VINE ST.; STE #101
CITY-ST-ZIP KISSIMMEE, FL 34741

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

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

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

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

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

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:  BEN S. LERNER 3/20/00 407 935-1137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)