

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000012320

1. Entity Name

GARS CHIROPRACTIC CENTER, P.A.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90087 049 ***150.00

LUU40036



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1919 TYRONE BLVD
ST PETERSBURG FL 33710

1919 TYRONE BLVD
ST PETERSBURG FL 33710-4841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3361891

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEWMAN, KEITH C
2244 1ST AVE. N.
ST PETERSBURG FL 33713

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GARS, MICHAEL J
5211 21ST AVE N
ST PETERSBURG FL 33710

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GARS, Michael J.
13528 100th AVE N.
Seminole, FL 33776

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S GARS, DC President

3/15/00

Date

(727) 347-7200

Daytime Phone #