

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90087 020 ***150.00

DOCUMENT # P96000069937

1. Entity Name
CHIROPRACTIC CARE OF THE TREASURE COAST, P.A.

Principal Place of Business

P O BOX 761
STUART FL 34995-0761

Mailing Address

P O BOX 761
STUART FL 34995-0761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0708061

Applied For

Not Applicable

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

LAW OFFICE OF LAURI J GOLDSTEIN & ASSOC
735 COLORADO AVE STE 2
STUART FL 34994

Name: *A Law Office of Lauri J. Goldstein*
Street Address (P.O. Box Number is Not Acceptable)

1330 S. Federal Hwy
City *Stuart FL* **FL** **Zip Code** *34994*

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, 2002 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 **PVST** ☐ Delete
NAME **SCHER, ELLIOTT N**
STREET ADDRESS **2926 SW BROUGHTON WAY**
CITY-ST-ZIP **PALM CITY FL**

TITLE **PVST** ☒ Change ☐ Addition
NAME **SCHER, ELLIOTT N**
STREET ADDRESS **2807 SW Bear Paw Trail**
CITY-ST-ZIP **Palm City FL 34990**

TITLE **D** ☐ Delete
NAME **SCHER, ELLIOTT N**
STREET ADDRESS **2926 SW BROUGHTON WAY**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☒ Change ☐ Addition
NAME **SCHER, ELLIOTT N**
STREET ADDRESS **2807 SW Bear Paw Trail**
CITY-ST-ZIP **Palm City FL 34990**

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/02 *5612209500*

CR2E034 (9/01)