## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

## FILED DÖCUMENT # P9700000901 Jul 28, 2000 8:00 am 1. Entity Name **Secretary of State** CAPE CORAL FAMILY CHIROPRACTIC, P.A. 07-28-2000 90153 026 \*\*\*150.00 Principal Place of Business Mailing Address 1510 HANCOCK BRIDGE PKWY #1 1510 HANCOCK BRIDGE PKWY #1 CAPE CORAL FL 33990 CAPE CORAL FL 33990 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0839410 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ... 6. Name and Address of Current Registered Agent Name MAYER, BILL Street Address (P.O. Box Number is Not Acceptable) 1510 HANCOCK BRIDGE PKWY #1 CAPE CORAL FL 33990 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITI E TITLE NAME NAME MAYER, WILLIAM R STREET ADDRESS STREET ADDRESS 1510 HANCOCK BRIDGE PKWY #1 CITY-ST-ZIP CITY-ST-7(P CAPE CORAL FL 33990 ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 of the corporation or the receiver or trustee empower ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director kecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if



## Cossentino & Orlando

Accountants 1402 Cape Coral Parkway Cape Coral, Florida 33904 (941) 945-4939 Fax (941) 945-4938

July 24, 2000

Florida Department of State Div. of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

> RE: CAPE CORAL FAMILY CHIROPRACTIC, P.A. #P97000000901 :

To whom it may concern:

I am the Accountant for the above-mentioned client. In March of 2000 we contacted the Department of State because my client did not receive his annual filing report. For some reason, his annual report was sent back and we are not sure why, since the address was correct. When we called Tallahassee, They said they would send another blank form immediately, before the May 1 due date. In late April of 2000, we again called and informed the Department of State that we had not received a blank form. We finally received the form on July 19th after another phone call was made. We complained to the Department of State, that because of their error, we did not feel that we were liable for the \$550.00 fee. They advised us that we should send in this letter explaining the circumstances, and that the \$150.00 fee would be accepted. If you should have any questions, please feel free to contact me.

Thank You

Salvatore Cossentino

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