

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001488

1. Entity Name

STEIGER CHIROPRACTIC CENTER, P.A.

f

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90005 031 ***150.00

Principal Place of Business

~~905 HWY 77, SUITE 9~~ 682 5th ST
CHIPLEY FL

Mailing Address

P O BOX 979
CHIPLEY FL

2. Principal Place of Business

682 5th ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIPLEY FL

City & State

Zip

32428

Country

USA

Zip

Country

4. FEI Number

59-3434122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUQUA, H MATTHEW
4450 LAFAYETTE ST
MARIANNA FL 32447

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D ☐ Delete
NAME STEIGER, STUART
STREET ADDRESS P O BOX 979 N/A
CITY-ST-ZIP CHIPLEY FL 32428

TITLE D ☐ Delete
NAME STEIGER, CONNIE
STREET ADDRESS P O BOX 979 N/A
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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: CONNIE STEIGER REQUIRE CONNIE STEIGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-31-00

Daytime Phone #

850-638-7500

CR2E034 (5/00)

Attachment # P97000001488
DW77823

Steiger Chiropractic Center, P.A.

682 5th Street

P.O. Box 979

Chipley, Florida 32428

850-638-7500

850-638-5333 Fax

August 2, 2000

**Department of State
Divisions of Corporation
P.O. Box 6327
Tallahassee, Florida 32314**

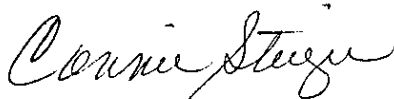
Re: Duplicate filing

Dear Sirs:

Enclosed please find a check for \$150 and a second filing of our UBR for 2000. We have previously filed this form earlier this year. We have just returned from vacation to find this second notice. I have contacted your office this day and was instructed to send another check and form to this address.

Thank you for your help with this matter. Please let me know if there is anything further I need to do.

Sincerely,



**Connie Steiger
Steiger Chiropractic Center, P.A.**