

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065956

1. Entity Name

WEST COAST CHIROPRACTIC WELLNESS CENTER, P.A.

Principal Place of Business

Mailing Address

4917 STATE ROAD 54  
NEW PORT RICHEY FL 34652

PO BOX 39  
EIFERS FL 34652

2. Principal Place of Business

3. Mailing Address

5436 MAIN ST  
Suite, Apt. #, etc.  
NEW PORT RICHEY

P.O. BOX 39  
Suite, Apt. #, etc.

City & State

City & State

FL

EIFERS, FL

Zip

Country

Zip

Country

34652

PASCO

34680

PASCO

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAJORANA, JAMES DC  
4917 STATE ROAD 54  
NEW PORT RICHEY FL 34652

Name  
MAJORANA JAMES D.C.

Street Address (P.O. Box Number is Not Acceptable)  
5436 MAIN STREET

City  
NEW PORT RICHEY, FL

Zip Code  
34652

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	<b>P</b> <b>MAJORANA, DR. JAMES D</b> <b>4484 SUMMERLAKE DRIVE</b> <b>NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MAJORANA, CONSTANCE</b> <b>4484 SUMMERLAKE DRIVE</b> <b>NEW PORT RICHEY FL 34653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90398 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3459679** ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

CR2E034 (9/99)