

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021185

1. Entity Name

LAKE CHARLESTON FAMILY CHIROPRACTIC CENTER, P.A.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90096 024 ***150.00

Principal Place of Business

Mailing Address

7026 CHARLESTON SHORES BLVD.
LAKE WORTH FL 33467

7026 CHARLESTON SHORES BLVD.
LAKE WORTH FL 33467-7628

2. Principal Place of Business

3. Mailing Address

1129 Boca Cove Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Highland Beach, Florida

4. FEI Number

65-0818851

Applied For

Not Applicable

Zip

Country

Zip

Country

33487

USA

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

MASTERMAN, MICHAEL
7026 CHARLESTON SHORES BLVD
LAKE WORTH FL 33467

Name Michael Masterman

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

1129 Boca Cove Lane

City

Highland Beach

FL

Zip Code

33487

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 P ☐ Delete
NAME MASTERMAN, MICHAEL
STREET ADDRESS 7026 CHARLESTON SHORES BLVD
CITY-ST-ZIP LAKE WORTH FL 33467

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Michael Masterman
President

Date

Daytime Phone #

2/18/00 561432-6021

CR2E034 (9/99)