

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90193 023 ***150.00

DOCUMENT #

PA 80000 21844

1. Entity Name

GARY SPANIER, D.C., P.A.

Principal Place of Business

Mailing Address

746 NE 3rd Ave
Ft. Lauderdale, FL 33204

2802 N 46 Ave Apt B624
Hollywood, FL 33021

2. Principal Place of Business

3. Mailing Address

(Home) 2802 N 46 Ave

2802 N 46 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B624 Apt B624

B624

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Country

Zip

Country

33021

USA

33021

USA

4. FEI Number

650819229

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GARY SPANIER

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

2802 N 46 Ave Apt B624

City

Hollywood

FL

Zip Code

33021

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, 2001 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

D. Gary Spanier
746 NE 3rd Ave
Ft. Lauderdale, FL 33204

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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D. Gary Spanier
2802 N 46 Ave Apt B624
Hollywood, FL 33021

☐ Change ☐ Addition

TITLE
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☐ Change ☐ 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

GARY SPANIER

1/24/2001

Date

854-261-7831

Daytime Phone #

CR2E034 (11/00)