

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90196 048 ***150.00

DOCUMENT # P98000026214

1. Entity Name

ACROPOLIS CHIROPRACTIC & SPORTS MEDICINE, P.A.

Principal Place of Business

Mailing Address

6499 38TH AVENUE NORTH
SUITE 6-1
ST. PETERSBURG FL 33710

6499 38TH AVENUE NORTH
SUITE 6-1
ST. PETERSBURG FL 33710-1656

2. Principal Place of Business

3. Mailing Address

1900 33RD AVE. N.
Suite, Apt. #, etc.

4900 33RD AVE. N.
Suite, Apt. #, etc.

City & State

City & State

ST. PETERSBURG, FL.

ST. PETERSBURG, FL.

Zip

Country

Zip

Country

33710

USA

33710

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3502230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MANEY, RICHARD H
RICHARD MANEY & ASSOCIATES, P.A.
101 EAST KENNEDY BOULEVARD #3170
TAMPA FL 33602

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	<input type="checkbox"/> Delete
NAME	ARVANTTIS, DOUG DR	
STREET ADDRESS	815 KIRKLAN CIRCLE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETRO, ALEX DR	
STREET ADDRESS	2699 SEVILK BLVD., UNIT 609	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/5/00

Date

727-526-8489

Daytime Phone #

CR2E034 (9/99)