

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036898

1. Entity Name

NAPLES CHIROPRACTIC CENTER, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90161 037 ***150.00

Principal Place of Business

Mailing Address

3300 BERMUDA ISLE CIRCLE #322
NAPLES FL 34109

3300 BERMUDA ISLE CIRCLE #322
NAPLES FL 34109-2645

2. Principal Place of Business

24850 Burnt Pine Drive

3. Mailing Address

24850 Burnt Pine Drive

Suite, Apt. #, etc.

suite 3

Suite, Apt. #, etc.

suite 3

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34134

Country

USA

Zip

34134

Country

USA

4. FEI Number

59-3507211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRADLEY R
809 WALKERBILT RD.
SUITE 2
NAPLES FL 34110

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 \$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

TITLE PSTD ☐ Delete
NAME FRENCH, KENNETH G DC
STREET ADDRESS 3300 BERMUDA ISLE CIR. #322
CITY-ST-ZIP NAPLES FL 34109

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/T ☒ Change ☐ Addition
NAME French, Kenneth G., DC
STREET ADDRESS 24850 Burnt Pine Drive suite 3
CITY-ST-ZIP Bonita Springs, FL. 34134

TITLE V/S ☐ Change ☒ Addition
NAME French, Tammy J., DC
STREET ADDRESS 24850 Burnt Pine Drive suite 3
CITY-ST-ZIP Bonita Springs, FL. 34134

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

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

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

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: Genneth A. French, DC Kenneth G. French, DC 1/14/00 (941) 949-9484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #