

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000063999

1. Entity Name
LONGEVITY CENTER, P.A.

R

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90008 023 ***150.00

Principal Place of Business

12500 WORLD PLAZA LN
#2
FORT MYERS FL 33907

Mailing Address

12500 WORLD PLAZA LN
#2
FORT MYERS FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0856504

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FREY, JOHN A DC
12500 WORLD PLAZA LNE
#2
FORT MYERS FL 33907

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME P
STREET ADDRESS FREY, JOHN A DC
CITY-ST-ZIP 12500 WORLD PLAZA LN #2
FORT MYERS FL 33907

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

7-31-00

CR2E034 (5/00)

LONGEVITY CENTER

LONGEVITY CENTER, P.A.
JOHN A. FREY, D.C., D.N.B.H.E.
12500 WORLD PLAZA LN, SUITE 2
FT. MYERS, FL. 33907
(941) 274-6188
(888) 467-2232 TOLL FREE
(941) 274-6186 FAX
LONGCTR@AOL.COM

Attachment Doc # P98000065
DW76873 999

7/31/00

To Whom It May Concern:

I am writing to you all to let you know that our office did not receive the first request (\$150⁰⁰ fee) for corporation renewal. There is a lot of new building in our area and it ~~was~~ can be confusing for delivery. I am requesting the late fee be waived for our renewal. We are a small corporation that is having a difficult time getting started and this additional fee will hurt deeply.

Enclosed please find the \$150⁰⁰ originally required. If this is not acceptable I am sure we will be advised.

Thank you for your consideration.

Sincerely,

Ingrid B. Baker
Office Manager