

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089784

1. Entity Name

EDELSON CHIROPRACTIC CLINIC, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90286 035 ***150.00

Principal Place of Business

Mailing Address

9009 SEMINOLE BLVD. #1
SEMINOLE FL 33772

9009 SEMINOLE BLVD. #1
SEMINOLE FL 33772-3147

2. Principal Place of Business

3. Mailing Address

9009 SEMINOLE BLVD

9009 SEMINOLE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2B

SUITE 2B

City & State

City & State

SEMINOLE, FL

SEMINOLE, FL

Zip

Country

Zip

Country

33772

USA

33772

USA

4. FEI Number

59-3538325

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
LINDSEY, PATRICK
953 REDFIELD RD APT E
BEL AIRE MD 21014 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
EDELSON, STEVEN G
4004 W SANTIAGO ST
TAMPA FL 33629 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
EDELSON, ELIZABETH
4004 W SANTIAGO ST
TAMPA FL 33629 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

PATRICK L. LINDSEY

Date

Daytime Phone #

1/10/2000 410-836-8726

CR2E034 (9/99)