

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90122 038 \*\*\*150.00

**DOCUMENT #** P 99 0000/8855  
**1. Entity Name**  
**HOFSTEE CHIROPRACTIC & WELLNESS CLINIC, P.A.**

**Principal Place of Business**      **Mailing Address**  
**2017 S. 10th St.**  
**Fort Pierce, FL 34950**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number**  
**65-0895069**

☐ **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**  
**Michael B. Hofstee**  
**2010 Colonial Rd, #4**  
**Ft. Pierce, FL 34950**

**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**

OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>Michael B. Hofstee</b> <b>2010 Colonial Rd, #4</b> <b>Ft. Pierce, FL 34950</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>Michelle D. Hofstee</b> <b>2010 Colonial Rd</b> <b>Ft. Pierce, FL 34950</b> <input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>No changes/additions</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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:** MB Hofstee DC **1-26-00** **561-461-3240**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)