

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90182 040 ***150.00

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1. Entity Name
GATOR FAMILY CHIROPRACTIC PA



Principal Place of Business
7731 W. NEWBERRY RD., STE. A-3
GAINESVILLE FL 32606

Mailing Address
7731 W. NEWBERRY RD., STE. A-3
GAINESVILLE FL 32606

2. Principal Place of Business
120 NW. 76th Drive
Suite, Apt. #, etc.

3. Mailing Address
120 NW. 76th Drive
Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number 59-3569219

Applied For
Not Applicable

Zip 32607 Country USA

Zip 32607 Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RESTIERI, LAWRENCE T
7731 W. NEWBERRY RD., STE. A-3
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name Restieri, Lawrence T.
Street Address (P.O. Box Number is Not Acceptable)
120 NW. 76th Drive
City Gainesville FL Zip Code 32607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James O. Porter*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RESTIERI, LAWRENCE T
STREET ADDRESS 7731 W. NEWBERRY RD., STE. A-3
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☐ Delete
NAME RESTIERI, DEBORAH H
STREET ADDRESS 7731 W. NEWBERRY RD., STE. A-3
CITY-ST-ZIP GAINESVILLE FL 32606

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Dr. Restieri, Lawrence
STREET ADDRESS 120 NW. 76th Drive
CITY-ST-ZIP Gainesville, FL 32607

TITLE ☒ Change ☐ Addition
NAME Dr. Hudson, Deborah
STREET ADDRESS 120 NW. 76th Drive
CITY-ST-ZIP Gainesville, FL 32607

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James O. Porter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03
Date

352-332-6555
Daytime Phone #

CR2E034 (10/02)