

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91146 024 ***150.00

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DOCUMENT # P99000054553

1. Entity Name
TEACHING THE WORLD ABOUT CHIROPRACTIC, INC.



Principal Place of Business
11905-C NORTH TAMiami TRAIL
NAPLES FL 34110

Mailing Address
11905-C NORTH TAMiami TRAIL
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

1035 Collier center way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

#5

City & State

City & State

Naples FL

Naples FL

Zip

Country

Zip

Country

34110

US

34110

US

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number 59-3592026

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

LOMAN, GREG
11905-C NORTH TAMiami TRAIL
NAPLES FL 34110

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOMAN, GREG	
STREET ADDRESS	11905-C NORTH TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPMAN, SHERRI	
STREET ADDRESS	11905 N TAMiami TR #C	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LERNER, BEN	
STREET ADDRESS	700 W VINE ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1035 Collier center way
CITY-ST-ZIP	Naples FL 34110
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1035 Collier center way #5
CITY-ST-ZIP	Naples FL 34110
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Sherr Chapman
CITY-ST-ZIP	Treasurer
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1035 Collier center way #5
CITY-ST-ZIP	Naples FL 34110
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/03

CR2E034 (10/02)