2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P99000079790

1. Entity Name

WINTER PARK FAMILY CHIROPRACTIC CENTER, INC.

FILED
May 12, 2000 8:00 am
Secretary of State
03-17-2000 90073 047 ***150.00

Principal Place of Business	Mailing Address
1360 PLACEVENDOME WINTER PARK FL 32789	1360 PLACEVENDOME WINTER PARK FL 32789 changed to ↓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2407 Aloma Ave. Suite, Apt. #, etc.	2407 Aloma Ave. Suite, Apt. #, etc.
City & State: Winter Park, Florida	City & State: Winter Park, Florida
Zip: 32792 Country: USA	Zip: 32792 Country:

4. FEI Number: 593597325 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

D'ANNA, DOMINICK
1360 PLACEVENDOME
WINTER PARK FL 32789

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dominick D'Anna 2407 Aloma Ave. Winter Park Fl. 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres. Joseph D'Anna 2633 Amsden Rd. Winter Park FL 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Pres. Susan D'Anna 2633 Amsden Rd. Winter Park Fl. 32792	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: Dominick D'Anna Pres. 3-12-00 407-589-9182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #