

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90129 006 ***150.00

DOCUMENT # P99000079790

1. Entity Name

WINTER PARK FAMILY CHIROPRACTIC CENTER, INC.

Principal Place of Business

**2407 ALOMA AVE
WINTER PARK FL 32792**

Mailing Address

**2407 ALOMA AVE
WINTER PARK FL 32792**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3597325

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

**D'ANNA, DOMINICK
1360 PLACEVENDOME
WINTER PARK FL 32789**

Name

D'Anna, Dominick

Street Address (P.O. Box Number is Not Acceptable)

200 ST Andrews Blvd # 2707

City

Winter Park

FL

Zip Code

32792

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 **Dominick D'Anna**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dominick D'Anna 2-8-02

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, 2002 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 **P** ☐ Delete
NAME **D'ANNA, DOMINICK**
STREET ADDRESS **2407 ALOMA AVE**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **VP** ☐ Delete
NAME **D'ANNA, JOSEPH**
STREET ADDRESS **2633 AMSDIN RD**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE **T** ☐ Delete
NAME **D'ANNA, SUSAN**
STREET ADDRESS **2633 AMSDEN RD**
CITY-ST-ZIP **WINTER PARK FL 32792**

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

TITLE ☐ Delete
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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: **Dominick D'Anna**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-02

Date

Daytime Phone #

CR2E034 (9/01)