

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084981

1. Entity Name

NEWVISIONS CHIROPRACTIC, P.A.

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90195 007 ***158.75

Principal Place of Business

Mailing Address

1944 WINKLER AVENUE
FORT MYERS FL 33901

1944 WINKLER AVENUE
FORT. MYERS FL 33901-8632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO. Box 7755

City & State

City & State

Fort Myers FL

Zip

Country

Zip

Country

33911

4. FEI Number

65-0951951

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

HAWTHRONE, ROBERT A
5996 POETRY COURT
NORTH FORT MYERS FL 33903

Name

Michael S. Atwood

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

3713 Winkler Ext Apt 1525
Fort Myers

City

FL

Zip Code

33916

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 ☐ Delete
NAME D
STREET ADDRESS ATWOOD, MICHAEL S
CITY-ST-ZIP 3713 WINKLER EXT., APT. 1525
FORT MYERS FL 33916

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)