

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088085

1. Entity Name

LAUDERDALE CENTER FOR ADVANCED THERAPEUTIC MASSA

FILED
Jul 12, 2000 8:00 am
Secretary of State

05-24-2000 90094 036 ***150.00

Principal Place of Business

Mailing Address

5377 COPPEDGE AVENUE
JACKSONVILLE FL 32277

5377 COPPEDGE AVENUE
JACKSONVILLE FL 32277-1339

2. Principal Place of Business

5377 Coppedge Ave

3. Mailing Address

5377 Coppedge Ave

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEL Number

59-3601205

Applied For

Not Applicable

Zip

Country

32277

USA

Zip

Country

32277

USA

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

LAUDERDALE, JEFFREY S
5377 COPPEDGE AVENUE
JACKSONVILLE FL 32277

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-30-00

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
D
LAUDERDALE, JEFFREY S
5377 COPPEDGE AVENUE
JACKSONVILLE FL 32277 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Jeffrey S. Sanders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

904 463-1072

Daytime Phone