

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S21217

1. Entity Name

BRUCE J. KELSON, D.C., P.A.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90015 034 \*\*\*150.00

Principal Place of Business

Mailing Address

9485 SUNSET DRIVE  
SUITE A-140  
MIAMI FL 33173

9485 SUNSET DRIVE  
SUITE A-140  
MIAMI FL 33433-3463

2. Principal Place of Business

7050 WEST PALMETTO  
SUITE, Apt. #, etc. PARK RD.  
SUITE #41

3. Mailing Address

7050 WEST PALMETTO  
SUITE, Apt. #, etc. PARK RD.  
SUITE #41



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton Fla.

City & State

Boca Raton Fla.

4. FEI Number

65-0232805

Applied For

Not Applicable

Zip

33433

Country

Palm Beach

Zip

33433

Country

Palm Beach

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

KELSON, BRUCE J.  
1091 DEERWOOD LANE  
WESTON FL 33326

Name

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

21682 SAN SIMON CIRCLE  
BOCA RATON

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

TITLE PD ☐ Delete  
NAME KELSON, BRUCE J.  
STREET ADDRESS 9485 SUNSET DR.#A140  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7050 WEST PALMETTO PARK ROAD #1  
CITY-ST-ZIP BOCA RATON, FLA. 33433

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

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

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

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

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 of Bruce J. Kelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-00 561 3384034