

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40450

1. Entity Name

ARLINGTON CHIROPRACTIC CLINIC, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90138 002 ***150.00

Principal Place of Business

Mailing Address

6919 MERRILL ROAD
JACKSONVILLE FL 32277
US

6919 MERRILL ROAD
JACKSONVILLE FL 32277-2616
US

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

59-3064705

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

KIGHT, L. KAREN
6919 MERRILL ROAD
JACKSONVILLE FL 32277

Name Pamela H. Barrow

Street Address (P.O. Box Number is Not Acceptable)
6919 Merrill Rd.

City Jacksonville FL Zip Code 32277

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

PAMELA N. BARROW

1/4/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME ROBERTS, ANDREW G DR
STREET ADDRESS 6919 MERRILL ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME Jacksonville, Fla. 32277
STREET ADDRESS Jacksonville, Fla. 32277
CITY-ST-ZIP Jacksonville, Fla. 32277

TITLE D ☐ Delete
NAME ROBERTS, ROSELYN
STREET ADDRESS 6919 MERRILL ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☒ Change ☐ Addition
NAME Jacksonville, Fla. 32277
STREET ADDRESS Jacksonville, Fla. 32277
CITY-ST-ZIP Jacksonville, Fla. 32277

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: Dr. Andrew G. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-743-2222

CR2E034 (9/99)