

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90005 028 ***150.00

DOCUMENT # S68976

1. Entity Name
AMERICAN CHIROPRACTIC CENTER, INC.

Principal Place of Business

621 N COVE BLVD.
PANAMA CITY FL 32401

Mailing Address

621 N COVE BLVD.
PANAMA CITY FL 32401

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 **59-3085828**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BARUS, DR. ROBERT STEPHENS
621 N COVE BLVD.
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 _____ 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **BARUS, ROBERT STEPHENS**
STREET ADDRESS **621 N COVE BLVD.**
CITY-ST-ZIP **PANAMA CITY 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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 (5/01)

Doc # 168976 Attachment
AW86224

AMERICAN CHIROPRACTIC

621 N. Cove Blvd. • Panama City, Florida 32401

ROBERT S. BARUS
DOCTOR of CHIROPRACTIC

(850) 784-2225
(850) 785-2663
Fax (850) 785-1954

September 10, 2001

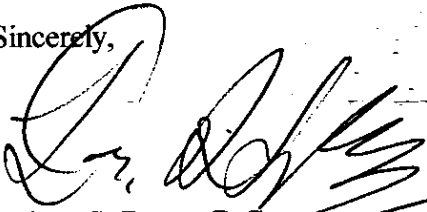
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir,

This note and enclosed payment of \$150.00 is a result of my telephone call to your office today. We received the UBR from our accountant today. We did not receive the initial application that your office said should have arrived in January. Therefore, we were told by your office, for that reason, it is okay to send a check for \$150.00 which will be considered payment in full.

Thank you so much for your cooperation in this matter. It is appreciated.

Sincerely,



Robert S. Barus, D.C.
RSB/skp