

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 21, 2000 8:00 am**
Secretary of State

04-21-2000 90093 043 ***150.00

641169

DO NOT WRITE IN THIS SPACE

DOCUMENT # S99396

1. Entity Name

SOUTHEASTERN SCHOOL OF NEUROMUSCULAR AND MASSAGE

Principal Place of Business

Mailing Address

9088 GOLFSIDE DRIVE
JACKSONVILLE FL 32256**9088 GOLFSIDE DRIVE**
JACKSONVILLE FL 32256-7793

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 **59-3117906**

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****MILLER, RICHARD L.**
9088 GOLFSIDE DRIVE
JACKSONVILLE FL 32256

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, KYLE C.	NAME	
STREET ADDRESS	9088 GOLFSIDE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PAUL H.	NAME	
STREET ADDRESS	9088 GOLFSIDE DR	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, RICHARD L.	NAME	
STREET ADDRESS	9088 GOLFSIDE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Paul H. Thompson - VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/13/00** **904 448-9499**
Date Daytime Phone #

CR2E034 (9/99)