## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **560335** 1. Entity Name ANTHONY'S HEALTH HUT, INC. 04-28-2000 90134 029 \*\*\*150.00 Principal Place of Business Mailing Address 5329 S FLORIDA AVENUE 5329 S FLORIDA AVENUE LAKELAND FL 33813-4913 LAKELAND FL 33813 THEWWA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1797449 Not Applicable Zip ~ -Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, ANTHONY H Street Address (P.O. Box Number is Not Acceptable) 5329 S FLORIDA AVE LAKELAND FL Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete MILLER, ANTHONY H NAME STREET ADDRESS 19 LOMA ALTA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE 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

SIGNATURE: \_\_\_\_\_\_

changed, or on an attachment with an address, with all other like empowered

TYPIO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-W

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Daytime Phone #