

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90057 035 \*\*\*\*61.25

**DOCUMENT # N25474**

1. Entity Name

**SEED OF LIFE HEALTH INSTITUTE, INC.**

Principal Place of Business

14400 WINDSONG DR  
 BOKEELIA FL 33922  
 US

Mailing Address

14400 WINDSONG DR  
 BOKEELIA FL 33922  
 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

**65-0150708**

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

**PENNEY, LUCILLE C.**  
**14400 WINDSONG LN**  
**BOKEELIA FL 33922**

Name

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

City

**FL**

Zip Code

8. The above named \_\_\_\_\_'s 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)

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PENNEY, LUCILLE C.</b>	
STREET ADDRESS	<b>14400 WINDSONG</b>	
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>PENNEY, DAVID SPEH</b>	
STREET ADDRESS	<b>14400 WINDSONG DR.</b>	
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COLTRANE, LOREN W.</b>	
STREET ADDRESS	<b>16352 BUCCANEER ST</b>	
CITY-ST-ZIP	<b>BOKEELIA FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR *Lucille Penney* 8/18/2000 941-283-8920  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)