

2002 UNIFORM BUSINESS REPORT (UBR)

0449638 AV

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DOCUMENT # P97000082726

1. Entity Name
NUTRACEUTICAL CLINICAL LABORATORIES INTERNATIONAL, INC.

FILED

02 OCT -8 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**3542 MORRIS ST. N.
ST. PETERSBURG FL 33713**

Mailing Address
**3542 MORRIS ST. N.
ST. PETERSBURG FL 33713**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number **59-3638624** Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOEPKE, PATRICIA A
3542 MORRIS ST. N.
ST. PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number, if New Agent) **600008431618--3**
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 _____ (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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO SIMMONS, PAUL 3542 MORRIS ST. N. ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ELLINGER, EMERY III 3542 MORRIS ST. N. ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV KOEPKE, PATRICIA A 3542 MORRIS ST. N. ST. PETERSBURG FL 33713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KEITH 347 BEACH AVE. LONGWOOD FL 32750 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, MICHIE DR. 9741 BERECHAH DR. HOLLYWOOD FL 33024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLARR, ROBERT 3747 DORNEY PARK RD. ALLETOWN PA 18104 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO GARY L. HARRISON 3542 MORRIS ST. N. ST. PETERSBURG, FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO - PRESERVATIVE DIV. ELLINGER, EMERY III 3542 MORRIS ST. N. ST. PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WILLIAM J. CATACOSINOS 2 ROBBINS LANE, #201 JERRO, NY 11753 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JAMES A. ORCHARD 3542 MORRIS ST. N. ST. PETERSBURG, FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO - MEDICAL DIVISION RICHARD M. GOLDFARB 3542 MORRIS ST. N. ST. PETERSBURG, FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHIL E. PEARCE 3542 MORRIS ST. N. ST. PETERSBURG, FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Patricia A. Koepke **PATRICIA A. KOEPKE** 8-7-02 727-526-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

2082

**Board of Directors
NCLII**

ADDITIONS:

D

**Robert Gillham
C/o Scott-Macon Ltd
800 Third Avenue
New York, NY 10022-7604**

D

**George Sideris
2150 Center Avenue, Apt. 19G
Fort Lee, NJ 07024**

CHANGE:

D

**Paul L. Simmons
8825 Laurel Drive
Pinellas Park, FL 33782**