

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90316 020 ***158.75

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513398

1. Entity Name

Rexall Sundown, Inc.

Principal Place of Business

6111 Broken Sound Parkway, NW
Boca Raton, FL 33487

Mailing Address

6111 Broken Sound Pkwy, NW
Boca Raton, FL 33487

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1688986

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

Richard Werber
6111 Broken Sound Parkway, NW
Boca Raton, FL 33487

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)

☐

UNKNOWN FEE IS \$45000
APPROX 1 2000 Fee will be \$35000
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	CD	<input type="checkbox"/> Delete
NAME	DeSantis, Carl	
STREET ADDRESS	6111 Broken Sound Parkway, NW	
CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE	PD, CEO	<input type="checkbox"/> Delete
NAME	DeSantis, Damon	
STREET ADDRESS	6111 Broken Sound Parkway, NW	
CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	DeSantis, Dean	
STREET ADDRESS	6111 Broken Sound Parkway, NW	
CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Palin, Nickolas	
STREET ADDRESS	6111 Broken Sound Parkway, NW	
CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE	D	<input type="checkbox"/> Delete
NAME	Leedy, Stanley	
STREET ADDRESS	6111 Broken Sound Parkway, NW	
CITY - ST - ZIP	Boca Raton, FL 33487	
TITLE	D, Vice-Chairman	<input type="checkbox"/> Delete
NAME	Nast, Christian	
STREET ADDRESS	6111 Broken Sound Parkway, NW	
CITY - ST - ZIP	Boca Raton, FL 33487	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4/18/00

Date

(561) 241-9400

Daytime Phone #

CR2E034 (9/99)