

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 672733

1. Entity Name

NUTRITION TECHNOLOGY, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90131 050 ***150.00

Principal Place of Business

3060 N. WOOLFLOWER TER
BEVERLY HILLS FL 34465

Mailing Address

P.O. BOX 1390
LECANO FL 33460-1390

2. Principal Place of Business

5 MAPLEVIEW CT.

Suite, Apt. #, etc.

3. Mailing Address

5 MAPLEVIEW CT.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

READING, OHIO

Zip
45236-1163

Country

U.S.A.

City & State

READING, OHIO

Zip
45236-1163

Country

U.S.A.

4. FEI Number

59-2011811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRUTE, MELVYN
1090 KANE CONCOURSE
BAY HARBOR ISLANDS FL 33154

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
DVS
O'MALLEY, BARBARA N
3060 N. WOOLFLOWER TER
BEVERLY HILLS FL 34465 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
O'MALLEY, JOHN B
3060 N. WOOLFLOWER TER
BEVERLY HILLS FL 34465 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
O'MALLEY, BARBARA N. ☒ Change ☐ Addition
5 MAPLEVIEW CT.
READING, OHIO 45236-1163

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCP
O'MALLEY, JOHN B. ☒ Change ☐ Addition
5 MAPLEVIEW CT.
READING, OHIO 45236-1163

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: John B. O'Malley JOHN B. O'MALLEY 4/12/2000 (513) 891-8296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)