

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758327

1. Entity Name

Center for Spiritual and Holistic Healing, Inc.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90032 046 \*\*\*\*61.25

00058605

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

324 Datura Street #115  
West Palm Beach, FL  
33401

324 Datura Street #115  
West Palm Beach, FL  
33401

2. Principal Place of Business

3. Mailing Address

324 Datura Street

324 Datura Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 115

Suite 115

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Zip

Country

Country

33401

Palm Beach

33401

Palm Beach

4. FEI Number

59-2094357

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

(address only)

Name

Street Address (P.O. Box Number is Not Acceptable)  
324 Datura Street #115

City

West Palm Beach

FL

Zip Code

33401

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

*Anthony Leggett*

Anthony Leggett

March 29, 2000

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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 PD ☐ Delete  
NAME Leggett, Anthony  
STREET ADDRESS 400 N. Flagler Drive #702  
CITY-ST-ZIP West Palm Beach, FL 33401

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

TITLE STD ☐ Delete  
NAME Gramenz, Karen  
STREET ADDRESS 108 W. Cypress Road  
CITY-ST-ZIP Lake Worth, FL 33467

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

TITLE VD ☐ Delete  
NAME Baker, Kristine  
STREET ADDRESS 708 HAR Harbour Pointe Way  
CITY-ST-ZIP Greenacres, FL

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

TITLE D ☐ Delete  
NAME Leggett, Joan  
STREET ADDRESS 400 N. Flagler Drive #702  
CITY-ST-ZIP West Palm Beach, FL 33401

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

*Anthony Leggett*

Anthony Leggett

03/29/00

561/655-8812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)