

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 763147**

1. Entity Name

**HEALTH WORLD, INC.**

Principal Place of Business

**1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119  
US**

Mailing Address

**1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2870254**

Applied For

Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HERING, FREDERICK W  
1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119**

## 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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VIOLA, LORETTA 2316 LA ROSA LANE DAYTONA BCH FL</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HERING, FREDERICK W DR 1245 LAS BRISAS DR DAYTONA BEACH FL 32119</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HERING, FREDERICK W 9420 BRACKIN ST ORLANDO FL 32825</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HERING, SUSAN E 1245 LAS BRISAS DR DAYTONA BEACH FL 32119</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOPKINS, DR HOMER P 190 LAKE CHATEAU DRIVE HEMITAGE TN</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRISOLARA, ASHTON 4013 CLEARY AVE METAIRIE LA</b>	<input type="checkbox"/> Delete
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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VIOLA, LORETTA 2316 LA ROSA LANE DAYTONA BEACH, FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D HERING, SUSAN E 1245 LAS BRISAS DRIVE DAYTONA BEACH, FL 32119</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **FREDERICK W HERING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President****APR 20, 2001****(386) 304-3091**

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0008781

CR2E037 (10/00)