

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90028 024 \*\*\*61.25

0001651

**DOCUMENT # 763147**

1. Entity Name

**HEALTH WORLD, INC.**

Principal Place of Business

Mailing Address

1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119  
US

1245 LAS BRISAS DRIVE  
DAYTONA BEACH FL 32119  
US

32129

32129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & 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

7. Name and Address of New Registered Agent

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

32129

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **VIOLA, LORETTA**  
CITY-ST-ZIP **2316 LA ROSA LANE**  
**DAYTONA BEACH FL 32119** 32129

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **HERING, FREDERICK W DR**  
CITY-ST-ZIP **1245 LAS BRISAS DR**  
**DAYTONA BEACH FL 32119** 32129

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **HERING, FREDERICK W**  
CITY-ST-ZIP **9420 BRACKIN ST**  
**ORLANDO FL 32825**

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

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **HERING, SUSAN E**  
CITY-ST-ZIP **1245 LAS BRISAS DR**  
**DAYTONA BEACH FL 32119** 32129

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **HOPKINS, DR HOMER P**  
CITY-ST-ZIP **190 LAKE CHATEAU DRIVE**  
**HEMISTAGE TN**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BRISOLARA, ASHTON**  
CITY-ST-ZIP **4013 CLEARY AVE**  
**METairie LA**

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:**

**FREDERICK W. HERING, PRESIDENT**  
*[Signature]*

**March 28, 2002**

**(386) 304-3091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)