

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90053 013 ***150.00

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1. Entity Name
NATURE HOLDINGS, INC.

Principal Place of Business
**9665 TRADEPORT DRIVE
ORLANDO FL 32827**

Mailing Address
**9665 TRADEPORT DRIVE
ORLANDO FL 32827**



2. Principal Place of Business

3. Mailing Address
2600 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 410

City & State

City & State
Boca Raton, FL

Zip

Country

Zip
33431

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3484421**

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

**GELLER, BETH M
9665 TRADEPORT DRIVE
ORLANDO FL 32827**

Name
Geller, Beth M

Street Address (P.O. Box Number is Not Acceptable)

2600 N. Military Trail

Suite 410

City

Boca Raton

FL

Zip Code

33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beth M Geller

Senior Vice President / General Counsel

DATE

01/10/03

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D GRILLO, VICTOR JR**
STREET ADDRESS **45 BARTLETT STREET**
CITY-ST-ZIP **MARLBOROUGH MA 01752**

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

TITLE ☐ Delete
NAME **DTS GELLER, BETH M**
STREET ADDRESS **9665 TRADEPORT DR.**
CITY-ST-ZIP **ORLANDO FL 32827**

TITLE ☒ Change ☐ Addition
NAME **DTSV Geller, Beth M**
STREET ADDRESS **2600 N. Military Trail Suite 410**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
NAME **DPCE PRADELLI, CARL**
STREET ADDRESS **20 W. 64TH ST., APT. 41 S**
CITY-ST-ZIP **NEW YORK NY 10023**

TITLE ☒ Change ☐ Addition
NAME **DPCE Pradelli, Carl**
STREET ADDRESS **2600 N. Military Trail Suite 410**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Delete
NAME **D PERRY, STEVE**
STREET ADDRESS **728 INDUSTRY ROAD**
CITY-ST-ZIP **LONGWOOD FL 32750**

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 607, 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:

Beth M Geller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SVP

01/10/03

Date

561-241-1160

Daytime Phone #

CR2E034 (10/02)