

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90026 043 ***150.00

DOCUMENT # F93000003890

1. Entity Name
PHARMAVITE CORPORATION

Principal Place of Business Mailing Address
15451 SAN FERNANDO MISSION BOULEVARD **15451 SAN FERNANDO MISSION BOULEVARD**
MISSION HILLS CA 91345 **MISSION HILLS CA 91345**

2. Principal Place of Business 3. Mailing Address
8510 BALBOA BLVD **P.O. BOX 9606**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 300

City & State City & State
NORTH RIDGE, CA **MISSION HILLS, CA**
 Zip Country Zip Country
91325-5303 **USA** **91346-9606** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **95-2674097** 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

PARACORP INCORPORATED
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **HIGUCHI, TATSUO**
 STREET ADDRESS **15451 SAN FERNANDO MISSION BLVD**
 CITY-ST-ZIP **MISSION HILLS CA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **PER ATTACHED**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **MAKISSE, ARTHUR**
 STREET ADDRESS **1 EMBARCADERO CENTER**
 CITY-ST-ZIP **SAN FRANCISCO CA 94111**

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

TITLE **CDS** ☐ Delete
 NAME **ROSENBERG, KENNETH M**
 STREET ADDRESS **15451 SAN FERNANDO MISSION BLVD.**
 CITY-ST-ZIP **MISSION HILLS CA 91345**

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

TITLE **D** ☒ Delete
 NAME **OTSUKA, ICHIRO**
 STREET ADDRESS **15451 SAN FERNANDO MISSION BLVD.**
 CITY-ST-ZIP **MISSION HILLS CA**

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

TITLE **D** ☐ Delete
 NAME **UCHIDA, SHUN**
 STREET ADDRESS **ONE EMBARCADERO CENTER**
 CITY-ST-ZIP **SAN FRANCISCO CA 94111**

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

TITLE **V** ☒ Delete
 NAME **GARRUTO, LYNN**
 STREET ADDRESS **15451 SAN FERNANDO MISSION BLVD**
 CITY-ST-ZIP **MISSION HILLS CA 91345**

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

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: *James C. Melton* **JAMES C. MELTON, VP-FIN** 4/24/01 (818) 221-6200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment:
DH # PP300003890
00053158

Name and Title **TOM ZIMMERMAN, DIV.VP - PRIVATE LABEL**
 Address 1 **8510 BALBOA BLVD, SUITE 300**
 Address 2
 City, State Zip **NORTHRIDGE, CA 91325-5303**

Name and Title **ROSA WRIGHT, ASST. SEC. TO THE BOARD**
 Address 1 **8510 BALBOA BLVD, SUITE 300**
 Address 2
 City, State Zip **NORTHRIDGE, CA 91325-5303**

Name and Title
 Address 1
 Address 2
 City, State Zip

Name and Title
 Address 1
 Address 2
 City, State Zip

Name and Title
 Address 1
 Address 2
 City, State Zip

☐ Add additional entities ☒ No additional entities

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[Public Access Help](#)

Name and Title DENNIS BROWN, VP - PRODUCTION
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Attachment
#P9308003890
B005315P

Name and Title JOY JOSEPH, VP - TECHNICAL OPER
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title JACK KAVULICH, VP - CONSUMER ED
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title JACK MACKENZIE, VP - STRATEGIC PLANNING
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title JUN NOMURA, VP - INTL BUSINESS PLANNING
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

☒ Add additional entities ☐ No additional entities

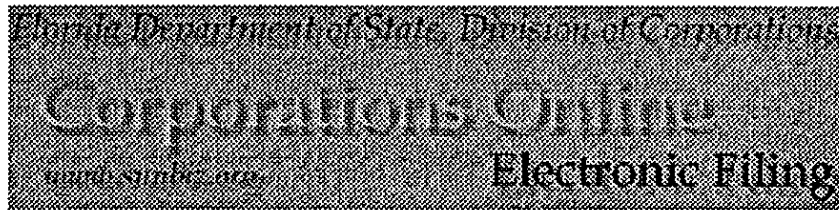
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attachment.
D#F9300003890
B0053158

Uniform Business Report

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Document Number
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Please enter additional business entities below.

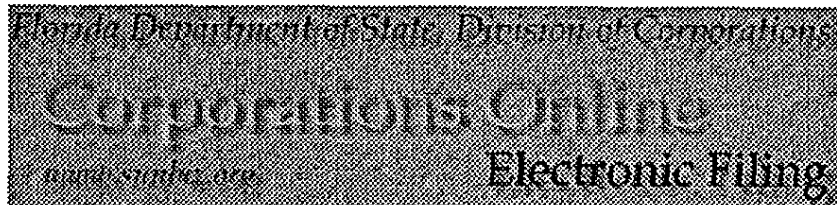
Name and Title PAT TUCKER, CHIEF LEARNING OFFICER
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title KENN BENNETT, DIV. VP - MARKETING
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title TOM LELOUP, DIV. VP - EASTERN SALES
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title JIM LUNDEEN, DIV. VP - NATURE'S RESOURCES
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title MARGARET WOLOHAN, DIV. VP - WEST SALES
Address 1 8510 BALBOA BLVD, SUITE 300
Address 2
City, State Zip NORTHRIDGE, CA 91325-5303



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Uniform Business Report

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Please enter additional business entities below.

Name and Title JOHN VICKERS, CFO & INFORMATION OFFICER

Address 1 8510 BALBOA BLVD, SUITE 300

Address 2

City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title JIM JORDAN, EXEC. VP - OPERATION

Address 1 8510 BALBOA BLVD, SUITE 300

Address 2

City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title CONNIE BARRY, EXEC. VP - HUMAN RESOURCES

Address 1 8510 BALBOA BLVD, SUITE 300

Address 2

City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title CLAUDETTE ST. ONGE, EXEC. VP - SALES

Address 1 8510 BALBOA BLVD, SUITE 300

Address 2

City, State Zip NORTHRIDGE, CA 91325-5303

Name and Title PAUL BOLAR, VP - REGULATORY AFFAIRS

Address 1 8510 BALBOA BLVD, SUITE 300

Address 2

City, State Zip NORTHRIDGE, CA 91325-5303

Zip Code & Country

Title

Name (Last, First, Middle, Title)

Entity Name

Street Address

City, State

Zip Code & Country

attachment
F9300003890
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Title

Name (Last, First, Middle, Title)

Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

Entity Name

Street Address

City, State

Zip Code & Country

6 Add additional Officers/Directors C No additional Officers/Directors

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

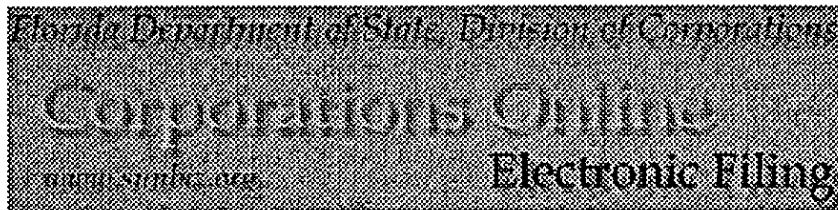
Title

Officer/Director Signature

Continue

Reset

Start Over



attachment
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Uniform Business Report

Page 2

Document Number

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Business Entity Name

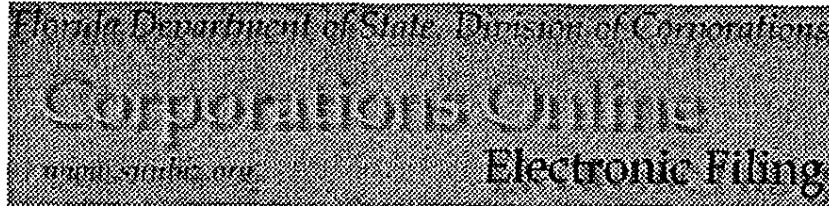
PHARMAVITE CORPORATIONElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ NoCurrent Year Intangible Personal Property Tax Owed ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
Entity Name
Street Address
City, State



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Uniform Business Report

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Business Entity Name

PHARMAVITE CORPORATION

FEI Number

95267409

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

8510 BALBOA BLVD., SUITE 300

Suite, Apt. #, etc.

City, State

NORTHRIDGE, CA

Zip Code & Country

91325530

Mailing Address

Address

P. O. BOX 9606

Suite, Apt. #, etc.

City, State

MISSION HILLS, CA

Zip Code & Country

91346960

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Corporate Name

PARACORP INCORPORATED

Address

236 EAST 6TH AVENUE

Suite, Apt. #, etc.

City, State

TALLAHASSEE, FL

Zip Code & Country

32303 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an