

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004192

1. Entity Name

HEALTH RESOURCE PUBLISHING COMPANY

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90112 032 ***150.00

Principal Place of Business

515 OLIVE STREET, STE 1212
ST LOUIS MO 63101

Mailing Address

11300 9TH ST. N.
ST. PETERSBURG FL 33716-2329

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3310028

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

Name

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

City

FL

Zip Code

✓
NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE FL 32301

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

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, 2000 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 MCCLOREY, MICHAEL
STREET ADDRESS 515 OLIVE STREET, STE 1212
CITY-ST-ZIP ST LOUIS MO

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

TITLE VSTD ☐ Delete
NAME OFF, GEORGE W
STREET ADDRESS 11300 9TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS off. George W.
CITY-ST-ZIP 11300 9th St. N.
St. Petersburg, FL 33716

TITLE AS ☐ Delete
NAME BREEZE, W. JEFFERY
STREET ADDRESS 11300 9TH ST. N.
CITY-ST-ZIP ST PETERSBURG FL 33716

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

TITLE AS ☐ Delete
NAME WOLF, CHRISTOPHER
STREET ADDRESS 11300 9TH ST. N.
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE S ☐ Delete
NAME BAXTER, JACQUELINE
STREET ADDRESS 515 OLIVE ST STE 1212
CITY-ST-ZIP ST LOUIS MO 63101

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME Bristow, Tom
STREET ADDRESS 11300 9th St. N.
CITY-ST-ZIP St. Petersburg, FL 33716

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 (727) 579-5000
Date Daytime Phone #

CR2E034 (9/99)