

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004778

1. Entity Name

THE BALM IN GILEAD, INC.

(R)

**FILED**  
**Jun 22, 2000 8:00 am**  
**Secretary of State**

06-22-2000 90002 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

50 FLORIDA PARK DRIVE  
PALM COAST FL 32137

50 FLORIDA PARK DRIVE  
PALM COAST FL 32137

2. Principal Place of Business

3. Mailing Address

3425 EAST SEMORAN BLVD 3425 EAST SEMORAN BLVD

Suite, Apt. #, etc. 17

Suite, Apt. #, etc. 17

City & State

APOPKA FLA

City & State

APOPKA FLA 32703

4. FEI Number

11-2599860

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32703

Country

USA

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

MORGAN, JEREMIAH  
50 FLORIDA PARK DRIVE  
PALM COAST FL 32137

3425 EAST SEMORAN BLVD  
APOPKA, FL 32703  
SUITE # 17

Name JEREMIAH MORGAN

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

3425 EAST SEMORAN BLVD

City APOPKA FLORIDA FL

Zip Code 32703

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 JEREMIAH MORGAN

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

(NOTE: Registered Agent signature required when reinstating)

6/13/2000

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 \* PCD  
NAME MORGAN, JEREMIAH  
STREET ADDRESS 50 FLORIDA PK DRIVE  
CITY-ST-ZIP PALM COAST FL

Delete

TITLE \* MORGAN JEREMIAH V  
NAME  
STREET ADDRESS 3425 EAST SEMORAN BLVD  
CITY-ST-ZIP APOPKA FLORIDA 32703  
SUITE # 17

Change ☐ Addition ☐

TITLE S  
NAME PLUMER, CASSIE  
STREET ADDRESS 48 6TH AVE  
CITY-ST-ZIP CEDARHURST NY

Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE T  
NAME SHOENFELD, NATHAN  
STREET ADDRESS 48 6TH AVE  
CITY-ST-ZIP CEDARHURST NY

Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change ☐ Addition ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change ☐ Addition ☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/13/00 Daytime Phone #

407-772-8155

CR2E037 (9/99)