

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004358

1. Entity Name

HEALTH HERO NETWORK, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90040 037 ***550.00

Principal Place of Business

2570 W. EL CAMINO REAL, STE 111
MOUNTAIN VIEW CA 94040

Mailing Address

2570 W. EL CAMINO REAL, STE 111
MOUNTAIN VIEW CA 94040

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

77-0207109

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P ☐ Delete
NAME BROWN, STEPHEN J
STREET ADDRESS 2570 W. EL CAMINO REAL, STE 111
CITY-ST-ZIP MOUNTAIN VIEW CA 94040

TITLE V ☒ Delete
NAME ALLEN, MITCH
STREET ADDRESS 2570 W EL CAMINO REAL, STE 111
CITY-ST-ZIP MOUNTAIN VIEW CA 94040

TITLE C ☐ Delete
NAME WAKEMAN, DR. ALBERT
STREET ADDRESS 152 W. 54TH ST, 33RD FL
CITY-ST-ZIP NEW YORK NY 10019

TITLE D ☐ Delete
NAME MCCLURG, JAMES E
STREET ADDRESS 2030 SURFSIDE DRIVE
CITY-ST-ZIP LINCOLN NE

TITLE D ☐ Delete
NAME ROSE JR, CHARLES P
STREET ADDRESS 499 PARK AVE., 15TH FL
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ Delete
NAME PETERSON, ALLEN D
STREET ADDRESS 2800 W. HIGGINS ROAD, STE 835
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE V ☐ Change ☒ Addition
NAME Kevin McCrory
STREET ADDRESS 2570 W. EL CAMINO REAL, STE 111
CITY-ST-ZIP Mountain View, CA 94040

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

TITLE ☒ Change ☐ Addition
NAME WAKEMAN, DR. ALBERT
STREET ADDRESS
CITY-ST-ZIP

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

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00 650/559-1072
Date Daytime Phone #

CR2E034 (5/00)