

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004584

1. Entity Name

VITA-HEALTH PRODUCTS, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90004 033 \*\*\*150.00

Principal Place of Business

809 WALKERBUILT DRIVE, SUITE 4  
NAPLES FL 34110

Mailing Address

809 WALKERBUILT DRIVE, SUITE 4  
NAPLES FL 34110-1445

2. Principal Place of Business

3. Mailing Address

975 Imperial Golf Course Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

4. FEI Number

59-3521086

Applied For

Not Applicable

Zip

Country

34110

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

PETITO, CATHERINE  
809 WALKERBUILT DRIVE, SUITE 4  
NAPLES FL 34110

Name

Nicholas Ferrara

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

975 Imperial Golf Course Blvd

City

Naples

FL

Zip Code  
34110

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCT  
PETITO, CATHERINE  
809 WALKERBUILT DRIVE, SUITE 4  
NAPLES FL 34110 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
DOSCHER, JOSEPH  
809 WALKERBUILT DRIVE, SUITE 4  
NAPLES FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Joseph Doscher  
975 Imperial Golf Course Blvd  
Naples, FL 34110 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
FERRARA, NICHOLAS  
809 WALKERBUILT DRIVE, SUITE 4  
NAPLES FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Nicholas Ferrara  
975 Imperial Golf Course Blvd  
Naples, FL 34110 ☒ 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

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

Date

Daytime Phone #

CR2E034 (9/99)