

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2000 8:00 am**
Secretary of State

04-25-2000 90085 006 ***150.00

DOCUMENT # F99000002381

1. Entity Name

NUTRACEUTICAL CLINICAL LABORATORIES, INC.**00037925**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**3542 MORRIS STREET NORTH
ST. PETERSBURG FL 33713****3542 MORRIS STREET NORTH
ST. PETERSBURG FL 33713-1629**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

59-3576172

Not Applicable

Zip

Country

Zip

Country

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

**KOEPKE, PATRICIA A
3542 MORRIS STREET NORTH
ST. PETERSBURG FL 33713**

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

**PATRICIA A. KOEPKE
VICE PRESIDENT****4-18-00**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	C	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, WILLIAM E M.D.	
STREET ADDRESS	1660 PARAMOUNT BLVD. #101	
CITY-ST-ZIP	PARAMOUNT CA 90723	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VC	<input type="checkbox"/> Delete
NAME	PLARR, ROBERT	
STREET ADDRESS	3747 DORNEY PARK ROAD	
CITY-ST-ZIP	ALLENTOWN PA 18104	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SEGAL, STEVEN	
STREET ADDRESS	2282 MANDEVILLE CANYON RD.	
CITY-ST-ZIP	LOS ANGELES CA 90049-1827	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input type="checkbox"/> Delete
NAME	SIMMONS, PAUL	
STREET ADDRESS	8825 LAUREL ROAD	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, PAUL	
STREET ADDRESS	8825 LAUREL ROAD	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	

TITLE	CFO	<input checked="" type="checkbox"/> Delete
NAME	ASAI, VICTOR	
STREET ADDRESS	1901 AVENUE STARS #300	
CITY-ST-ZIP	CENTURY CITY CA 90067	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	KOEPKE, PATRICIA A	
STREET ADDRESS	15822 FAIRCHILD DRIVE	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2000-727-526-9500

CR2E034 (9/99)