

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90040 029 \*\*\*150.00

**DOCUMENT # F99000004782**

1. Entity Name  
**FOOD FOR HEALTH CO., INC.**

Principal Place of Business  
**3655 WEST WASHINGTON STREET  
PHOENIX AZ 85009**

Mailing Address  
**3655 WEST WASHINGTON STREET  
PHOENIX AZ 85009**

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 **86-0266249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \$150.00  
After MAY 1, 2001 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 **PCD** ☐ Delete  
NAME **FLEMING, JERRY**  
STREET ADDRESS **3655 WEST WASHINGTON STREET**  
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **FLEMING, JERRY**  
STREET ADDRESS **3655 W. WASHINGTON STREET**  
CITY-ST-ZIP **PHOENIX, AZ 85009**

TITLE **S** ☒ Delete  
NAME **ANDERSON, GRANT**  
STREET ADDRESS **3655 WEST WASHINGTON STREET**  
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE **C/D** ☒ Change ☐ Addition  
NAME **WRIGHT, William F.**  
STREET ADDRESS **1431 STRATFORD COURT**  
CITY-ST-ZIP **DEL MAR, CA 92014**

TITLE **D** ☐ Delete  
NAME **WRIGHT, WILLIAM F**  
STREET ADDRESS **1431 STRATFORD COURT**  
CITY-ST-ZIP **DEL MAR CA 92014**

TITLE **D** ☐ Change ☒ Addition  
NAME **DALE C. BENNETT**  
STREET ADDRESS **430 N. ORLANDO AVE.**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **D** ☐ Delete  
NAME **PETERSEN, ALLEN D**  
STREET ADDRESS **3655 WEST WASHINGTON STREET**  
CITY-ST-ZIP **PHOENIX AZ 85009**

TITLE **D** ☐ Change ☒ Addition  
NAME **ERIC HNKEFENT**  
STREET ADDRESS **7807 E. 51<sup>st</sup> STREET**  
CITY-ST-ZIP **TULSA, OK 74145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition  
NAME **MIKHAEL D. JAMES**  
STREET ADDRESS **10228 L. STREET**  
CITY-ST-ZIP **OMAHA, NE 68124**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Change ☒ Addition  
NAME **DAVID OLENDER**  
STREET ADDRESS **3655 W. WASHINGTON STREET**  
CITY-ST-ZIP **PHOENIX AZ 85009**

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 *Michael Kaszubowski* **MICHAEL KASZUBOWSKI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/01*  
Date

*602-269-2371*  
Daytime Phone #

CR2E034 (10/00)

# F 99000004782  
811222

ADDITIONS

TITLE: V  
NAME: Paul Nauman  
STREET ADDRESS: 3655 W. Washington Street  
CITY-STREET-ZIP: Phoenix, AZ 85009

TITLE: V  
NAME: Richard Kaupke  
STREET ADDRESS: 3655 W. Washington Street  
CITY-STREET-ZIP: Phoenix, AZ 85009

TITLE: S/T (assistant)  
NAME: Michael Kaszubowski  
STREET ADDRESS: 3655 W. Washington Street  
CITY-STREET-ZIP: Phoenix, AZ 85009