

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G61693

1. Entity Name

HEALTH FOOD, INC.

Principal Place of Business

5153 14 ST WEST  
5153 14TH ST. W.  
BRADENTON FL 34207  
US

Mailing Address

C/O ST.LEON, CLYDIE  
5153 14TH ST. W.  
BRADENTON FL 34207  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FELDMAN, MARC H  
3908-26 ST WEST  
BRADENTON FL 34205

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **T**  
ST LEON, CLYDE J  
STREET ADDRESS **4415-26ST WEST #1114**  
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Delete  
NAME **DP**  
EGAN, MARK  
STREET ADDRESS **3208 CAMBRIDGE DRIVE WEST**  
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Delete  
NAME **VD**  
SCHULTZ, CLIFFORD  
STREET ADDRESS **12302 SR 62**  
CITY-ST-ZIP **PARISH FL**

TITLE ☐ Delete  
NAME **VP**  
YOUNG, GAYLE  
STREET ADDRESS **4504 3RD ST. CT. W.**  
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **T**  
Clyde J. St. Leon  
STREET ADDRESS **1603 1st ave W**  
CITY-ST-ZIP **Bradenton, FL 34205**

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

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:

*Clyde St Leon, Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01  
Date

941-756-4661  
Daytime Phone #

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90029 012 \*\*\*150.00

00038883



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2390395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

CR2E034 (10/00)