

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
 01-25-2001 90145 011 ***150.00

DOCUMENT # J29836

1. Entity Name

NUTRITION ASSOCIATES, INC.

Principal Place of Business

**9428 BAYMEADOWS RD
 SUITE 129
 JACKSONVILLE FL 32256**

Mailing Address

**9428 BAYMEADOWS RD
 SUITE 129
 JACKSONVILLE FL 32256**

2. Principal Place of Business

4505 Beach Boulevard
 Suite, Apt. #, etc.

3. Mailing Address

4505 Beach Boulevard
 Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32207

Country

City & State
Jacksonville, FL

Zip
32207

Country

4. FEI Number **59-2717832**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CHRISTIE, CATHERINE
 9428 BAYMEADOWS RD., SUITE 129
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name

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

4505 Beach Boulevard

City

Jacksonville

FL

Zip Code

32207

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	PD	<input type="checkbox"/> Delete
NAME	CHRISTIE, CATHERINE W.	
STREET ADDRESS	9428 BAYMEADOWS RD. #129	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHRISTIE, LEO	
STREET ADDRESS	9428 BAYMEADOWS RD, STE 130	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, SYLVIA	
STREET ADDRESS	9428 BAYMEADOWS RD STE 130	
CITY-ST-ZIP	JAX FL 32256	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHULTZ, DANIEL J	
STREET ADDRESS	9428 BAY MEADOWS ROAD #130	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4505 Beach Boulevard	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4505 Beach Boulevard	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Catherine Christie Catherine Christie

1/9/01

904-346-0930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)