

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004073

1. Entity Name

BETTER WAYS TO HEALTHY DAYS, L.L.C.

Principal Place of Business

Mailing Address

1930 COUNTRY CLUB ROAD
EUSTIS FL 32727

1930 COUNTRY CLUB ROAD
EUSTIS FL 32727

2. Principal Place of Business

3. Mailing Address

2037 East Crooked Lake Estates 2037 East Crooked Lake Estates

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eustis, Florida

Eustis, Florida

Zip

Country

Zip

Country

32726

32726

4. FEI Number

59-3646960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANZO, APRIL L
1930 COUNTRY CLUB ROAD
EUSTIS FL 32727

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME PANZO, APRIL L
STREET ADDRESS 1930 COUNTRY CLUB ROAD
CITY-ST-ZIP EUSTIS FL 32727

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JUL 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)

STAPLE CHECK HERE

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7-11-01 352-357-9448