

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED 04-17-2002 90025 019 \*\*\*\*50.00  
L01000020885

DOCUMENT # L01000020885

1. Entity Name

TAI-CHI HEALTH & WELL-BEING, LLC

02 MAY -8 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

BRADENTON/TAMPA, FLA. 501 VILLAGE GREEN PKWY #2

Suite, Apt. #, etc.

#2

3. Mailing Address

501 VILLAGE GREEN PKWY #2

Suite, Apt. #, etc.

SUITE #2

DO NOT WRITE IN THIS SPACE

City & State

BRADENTON, FLORIDA

City & State

BRADENTON, FLA

4. FEI Number

Applied For

Not Applicable

Zip

34209

Country

MANATEE

Zip

34209

Country

MANATEE

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT F. XAVIER

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

8113-18TH AVENUE EAST

City

PALMETTO

FL

Zip Code

34221

**DO NOT WRITE  
IN THIS SPACE**

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 Robert F. Xavier ROBERT F. XAVIER PRESIDENT

04/23/02  
DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT  
NAME ROBERT F. XAVIER  
STREET ADDRESS 8113-18TH AVENUE EAST  
CITY-ST-ZIP PALMETTO FLA 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VICE PRESIDENT  
NAME BETH XAVIER  
STREET ADDRESS 8113-18TH AVENUE EAST  
CITY-ST-ZIP PALMETTO FLA 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY  
NAME MARK MC GEE  
STREET ADDRESS 7406 SIERRA DRIVE  
CITY-ST-ZIP COLUMBUS GA 31904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TREASURER  
NAME RANDY M FINCH  
STREET ADDRESS 8109-18TH AVENUE EAST  
CITY-ST-ZIP PALMETTO, FLA 34221

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Robert F. Xavier President

04/03/02  
Date

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

Date

Daytime Phone #

CR2E083B (12/01)