

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 17 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005960

1. Entity Name
AMERICAN WELLNESS, L.L.C.

Principal Place of Business
1539 LANDINGS BLVD.
SARASOTA FL 34231

Mailing Address
1539 LANDINGS BLVD.
SARASOTA FL 34231

2. Principal Place of Business
8590 Potter Park Drive
Suite, Apt. #, etc.

3. Mailing Address
8590 Potter Park Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Sarasota, FL
Zip
34238
Country

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Sarasota, FL
Zip
34238
Country

4. FEI Number
65-C944913
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACALLISTER, CAROL
1539 LANDINGS BLVD.
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name
Herbek, Gary
Street Address (P.O. Box Number is Not Acceptable)
8590 Potter Park Drive
City
Sarasota FL Zip Code
34238

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 *Gary J. Herbek*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/14/00
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900003335069--6
-07/25/00--01052--010
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERBEK, GARY 3192 WALTER TRAVIS TR. SARASOTA FL 34240	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACALLISTER, CAROL 1539 LANDINGS BLVD. SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Herbek, Gary 8590 Potter Park Drive Sarasota, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Macallister, Carol 8590 Potter Park Drive Sarasota, FL 34238	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary J. Herbek* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
DATE
7/14/00
Daytime Phone #
941/921-1388

CR2E083 (5/00)