

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022354 AF

**DOCUMENT # L99000005960**

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

**FILED**

**2001 APR 30 AM 10:29**

**DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **8590 POTTER PARK DRIVE SARASOTA FL 34238**  
Mailing Address: **8590 POTTER PARK DRIVE SARASOTA FL 34238**

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address: Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number: **65-6944913**  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERBEK, GARY  
8590 POTTER PARK DRIVE  
SARASOTA FL 34238**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NUMBER FEE IS \$50.00  
Make Check Payable to Department of State**

**900004219859-9  
-05/16/01--01061--009  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BLACKSTONE, NANCY</b>	
STREET ADDRESS	<b>2880 CASEY KEY RD.</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BLUMETTI, JOANNE E</b>	
STREET ADDRESS	<b>2474 BORDER RD.</b>	
CITY-ST-ZIP	<b>VENICE FL 34292</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Herbek Gary</b>	
STREET ADDRESS	<b>8314 Plasstaff Way</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34241</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carol MacAllister</b>	
STREET ADDRESS	<b>1539 Landings Blvd</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34231</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jodi Anderson</b>	
STREET ADDRESS	<b>7901 Iguana Dr</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34241</b>	
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		

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: *Carol MacAllister* **4/23/01 941-921-1388**  
*Gary Herbek* **4/18/01 941-921-1388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)