

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90741 037 \*\*\*\*61.25

**DOCUMENT # N01000007709**

1. Entity Name

**OPTIMUM HEALTH AND WELL-BEING, INC.**



Principal Place of Business

**808 RUSHING STREET  
JACKSONVILLE FL 32209**

Mailing Address

**808 RUSHING STREET  
JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3754953**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CAPLAN, HOWARD A  
3900 ATLANTIC BLVD  
JACKSONVILLE FL 32207-7**

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, VALVETA</b> <b>808 RUSHING STREET</b> <b>JACKSONVILLE FL 32209</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TURNER, GEORGE D</b> <b>808 RUSHING STREET</b> <b>JACKSONVILLE FL 32209</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TURNER, VALVETA</b> <b>808 RUSHING STREET</b> <b>JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>YOUNG, WILLIEMAE H</b> <b>808 RUSHING STREET</b> <b>JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TURNER, GEORGE D.D</b> <b>808 RUSHING STREET</b> <b>JACKSONVILLE FL 32209</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>YOUNG, WILLIE MOE H</b> <b>808 RUSHING STREET</b> <b>JACKSONVILLE FL 32209</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President (since 10/29/01)</b> <b>Antoinette B. Cummings</b> <b>808 Rushing St.</b> <b>Jacksonville, FL 32209</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Duplication</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Turner, Valveta</b> <b>(Duplication of 1st name listed but with spelling error)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b>	<input checked="" 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	<b>Duplication but with spelling errors also</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Valveta L. Turner, Pres.* 1/5/03 904 633-8368  
904 355-2579

CP2E037 (10/02)

Original Officers and Directors

Attachment

70026314  
NO1000007709

President Turner, Valera  
808 Rushing St.  
Jacksonville, FL 32209

Vice President Cummings, Antoinette  
808 Rushing Street  
Jacksonville, FL 32209

Secretary Turner, George D.  
808 Rushing Street  
Jacksonville, FL 32209

Treasurer Young, Willemie H.  
808 Rushing Street  
Jacksonville, FL 32209

Additional Directors to be added

Harmon, Altamease  
808 Rushing Street  
Jacksonville, FL 32209

Gilbert, Charles  
808 Rushing Street  
Jacksonville, FL 32209

McCarthy, Lorenzo  
808 Rushing Street  
Jacksonville, FL 32209

Palmer, Sue B.  
808 Rushing Street  
Jacksonville, FL 32209

Tillo, William  
808 Rushing Street  
Jacksonville, FL 32209