

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15634

1. Entity Name

INSTITUTE FOR HOLISTIC EDUCATION, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90059 012 ****61.25

Principal Place of Business

1403 NORMAN HALL
UNIV. OF FLORIDA
GAINESVILLE FL 32611

Mailing Address

1403 NORMAN HALL
UNIV. OF FLORIDA
GAINESVILLE FL 32611

2. Principal Place of Business

3812 SW 15 ST

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-2635908

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

2

BUSBY, WALTER A.
1403 NORMAN HALL
GAINESVILLE FL 32611

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

Walter A Busby

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/17/2000

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FEASEL, MARILYNN	
STREET ADDRESS	4328 NW 29TH WAY	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUR, ED	
STREET ADDRESS	222 SW 36TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL, 32608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOMENECH, LYNN	
STREET ADDRESS	6716 SW 100TH LANE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	CO	<input type="checkbox"/> Delete
NAME	BUSBY, WALTER	
STREET ADDRESS	1403 NORMAN HALL, UNIV OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL, 32611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR THOMAS OAKLAND	
STREET ADDRESS	1402 NORMAN HALL	
CITY-ST-ZIP	UNIV OF FLORIDA GAINESVILLE, FL 32611	
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		
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		

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:

Walter A Busby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/2000

Date

(352) 336-9811

Daytime Phone #

CR2E037 (5/00)