

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 08, 2001 8:00 am
Secretary of State

02-19-2001 90260 033 ****61.25

DOCUMENT # N15634

1. Entity Name

INSTITUTE FOR HOLISTIC EDUCATION, INC.

Principal Place of Business

Mailing Address

**3812 SW 15TH STREET
 GAINESVILLE FL 32608**

**3812 SW 15TH STREET
 GAINESVILLE FL 32608**

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

59-2635908

Applied For

Not Applicable

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

**BUSBY, WALTER A.
 1403 NORMAN HALL
 GAINESVILLE FL 32611**

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

Signature, typed or printed name of registered agent and fee 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Delete
 NAME **FEASEL, MARILYNN**
 STREET ADDRESS **4328 NW 29TH WAY**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **DS** ☒ Change ☒ Addition
 NAME **DR THOMAS OAKLAND**
 STREET ADDRESS **1921 SW 8th DR**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** ☐ Delete
 NAME **BAUR, ED**
 STREET ADDRESS **222 SW 38TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **DOMENECH, LYNN**
 STREET ADDRESS **6716 SW 100TH LANE**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CO** ☐ Delete
 NAME **BUSBY, WALTER**
 STREET ADDRESS **1403 NORMAN HALL**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2001

352 336 9811

Date

Daytime Phone #

CR2007 (10/00)