2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N18551** Sep 19, 2000 8:00 am 1. Entity Name Secretary of State MANDARIN SCHOOL OF CHINESE MEDICINE, INC. 09-19-2000 90146 031 ****61.25 Principal Place of Business Mailing Address 4237 SALISBURY RD N. 4237 SALISBURY RD N. SUITE 108 SUITE 108 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2847404 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'CONNOR, TRAVERS J 3654 BRIDGEWOOD DR JACKSONVILLE FL 32216 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. 22 新分选产品均要用2 Bully a little ehomh SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change Addition WHITMORE, GARY NAME NAME Londonderry Dr. STREET ADDRESS STREET ADDRESS 3754 PICKNEY ISLAND CT. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 **VPTR** TITLE Delete Delete TITLE Farlow, Michael PMB3135711-15 Bowden Rd. NAME WALKER, BRENDA S NAME STREET ADDRESS STREET ADDRESS 1230 LANDON AVE Jacksonville, FL 32216-CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Change PTR ddition Delete TITLE TITLE Goossen, Shannon 8227 Mar Del Plata St. KOWALSKI, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 5113 OTTER CREEK DR CITY-ST-7IP CITY-ST-7IP PONTE VEDRA BEACH FL Jacksonville, FL 32256 TITLE Delete TITLE Addition wallace, Patricia 4083 Sunseam Ro. #1112 LOCKWOOD, JOYCE NAME NAME STREET ADDRESS 212 33RD AVE S STREET ADDRESS Jackson Ville, FL 32257 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL 32250 Change ☐ Defete TITLE ☐ Addition STEWART, SUSAN STREET ADDRESS STREET ADDRESS 2010 GROVE ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL 32250 TITLE TITLE ☐ Change ☐ Addition Delete NAME SIUDZINSKI, ROBERT NAME STREET ADDRESS STREET ADDRESS 350 PONTE VEDRA BLVD CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered