

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25474

1. Entity Name

SEED OF LIFE HEALTH INSTITUTE, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90057 035 ****61.25

Principal Place of Business

14400 WINDSONG DR
BOKEELIA FL 33922
US

Mailing Address

14400 WINDSONG DR
BOKEELIA FL 33922
US

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

65-0150708

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

PENNEY, LUCILLE C.
14400 WINDSONG LN
BOKEELIA FL 33922

Name

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

City

FL

Zip Code

8. The above named agent's 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)

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	PD	<input type="checkbox"/> Delete
NAME	PENNEY, LUCILLE C.	
STREET ADDRESS	14400 WINDSONG	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PENNEY, DAVID SPEH	
STREET ADDRESS	14400 WINDSONG DR.	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLTRANE, LOREN W.	
STREET ADDRESS	16352 BUCCANEER ST	
CITY-ST-ZIP	BOKEELIA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE OF Lucille Penney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/2000
Date

941-283-8920
Daytime Phone #

CR2E037 (5/00)