

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004434

1. Entity Name

HEBNI NUTRITION CONSULTANTS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90103 034 ****61.25

Principal Place of Business

Mailing Address

8525 REDLEAF LANE
ORLANDO FL 32819

4630 S. KIRKMAN RD., STE. 201
ORLANDO FL 32811-2873

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3258397

Applied For

Not Applicable

Zip

Country

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

ROBINSON & ASSOCIATES, P.A.
1405 W. FAIRBANKS AVE.
WINTER PARK FL 32789

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 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME CARSON, ELLAREETHA T
STREET ADDRESS 4057 E. MARYLAND PL.
CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D ☐ Delete
NAME GAINES, FABIOLA D
STREET ADDRESS 626 TOMLINSON TERRACE
CITY-ST-ZIP LAKE MARY FL 32746

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

TITLE D ☐ Delete
NAME WEAVER, RONIECE
STREET ADDRESS 8525 REDLEAF LANE
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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)(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 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

Roniece Weaver
Ex. Dir. 1/18/00 2/5/00