

2000 UNIFORM BUSINESS REPORT (UBR)

1/24/00-90105-050-\$61.25-\$61.25

DOCUMENT # N96000000891

1. Entity Name

THE WELLNESS COMMUNITY - SOUTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

5700 N FEDERAL HWY
BOCA RATON FL 33487
US

5700 N FEDERAL HWY
BOCA RATON FL 33487-4046
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

65-0673197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



00 MAR 14 PM 3:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN, KATHLEEN
5700 N FEDERAL HWY
BOCA RATON FL 33487

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P. GACHE, RON
400 AUSTRALIAN AVE
WEST PALM BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SPERBER, SUE
6708 WILLOW WOOD DR #1602
BOCA RATON FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
John Pastorello
801 Azalea St
Boca Raton, FL 33432 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REINERT, JERRY
5631 COACH HOUSE CR, E
BOCA RATON FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Chris Hawk
6900 NW 4th Ave
Boca Raton, FL 33487 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COYNE, DEBORAH
8812 TWIN LAKES DRIVE
BOCA RATON FL 33498 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FISHER, SAM
150 E PALMETTO PARK RD
BOCA RATON FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
THAYER, WANDA
149 NW 70TH ST
BOCA RATON FL ☐ Delete

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

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:

X SKA... REJECTED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

561-912-9300

Daytime Phone #