

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90011 016 ****61.25

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1. Entity Name

THE WELLNESS COMMUNITY - SOUTHEAST FLORIDA, INC. ✓

Principal Place of Business

5700 N FEDERAL HWY
 BOCA RATON FL 33487
 US

Mailing Address:

5700 N FEDERAL HWY
 BOCA RATON FL 33487
 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURNS, VICKI
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Vicki Burns, Program Director The Wellness Community 7-10-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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	CD	<input checked="" type="checkbox"/> Delete
NAME	SPERBER, SUSAN	
STREET ADDRESS	6708 WILLOW WOOD DR	
CITY-ST-ZIP	BOCA RATON FL 32434	
TITLE	DV Chairman/Director	<input type="checkbox"/> Delete
NAME	SCHULLER, RICHARD	
STREET ADDRESS	798 NE 72ND ST	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAUX, CHRIS	
STREET ADDRESS	5900 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THAYER, WANDA	
STREET ADDRESS	149 NW 70TH ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schuller, Richard	
STREET ADDRESS	798 NE 72ND Street	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Vice Chairman/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Turlington, Lucy	
STREET ADDRESS	859 Jeffrey Street #805	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goldstock, Larry	
STREET ADDRESS	1339 SW 13TH Street	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Levine, Paul	
STREET ADDRESS	3000 S. Ocean Blvd #402	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Lucy Turlington, The Wellness Community 7/10/02*

CR2E037 (4/02)