

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004115

1. Entity Name

THE WELLNESS COUNCIL OF NORTH FLORIDA, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90036 018 ****61.25

Principal Place of Business

Mailing Address

1833 BOULEVARD SUITE 407
JACKSONVILLE FL 32203

POST OFFICE BOX 2813
JACKSONVILLE FL 32203-2813

0004000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7818 Philips Hwy Suite 201

Suite, Apt. #, etc.

Jacksonville, FL

7818 Philips Hwy Suite 201

City & State

Jacksonville, FL

4. FEI Number

59-2946582

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

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

GULICK, KAY M
1833 BOULEVARD SUITE 407
JACKSONVILLE FL 32203

Name

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

7818 Philips Highway Suite 201
Jacksonville, FL 32256

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

Kay M. Gulick

2/18/00

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 ☐ Delete
NAME D
STREET ADDRESS OHARA, SALLIE
CITY-ST-ZIP PO BOX 2417
JACKSONVILLE FL 32231

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

TITLE ☐ Delete
NAME S
STREET ADDRESS GLASS, SUE
CITY-ST-ZIP 8384 BAYMEADOWS RD, STE 10
JACKSONVILLE FL 32256

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS WOODYARD, RON
CITY-ST-ZIP 269 LINKSIDE COURT
PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME T
STREET ADDRESS JACKSON, FRED
CITY-ST-ZIP 101 CENTURY 21 DR STE 210
JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS BUIE, JILL
CITY-ST-ZIP 3627 UNIVERSITY BLVD. #720
JACKSONVILLE FL 32216

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GULICK, KAY M
CITY-ST-ZIP 1833 BLVD STE 407
JACKSONVILLE FL 32203

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kay M. Gulick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kay M. Gulick 2/18/00 904 421-3197
Date Daytime Phone #

CR2E037 (9/99)