

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004115

1. Entity Name

THE WELLNESS COUNCIL OF NORTH FLORIDA, INC.

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90070 042 \*\*\*\*61.25

0013450

Principal Place of Business <b>7818 PHILIPS HWY SUITE 201 JACKSONVILLE FL 32256</b>		Mailing Address <b>7818 PHILIPS HWY SUITE 201 JACKSONVILLE FL 32256</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2946582</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GULICK, KAY M 7818 PHILIPS HWY SUITE 201 JACKSONVILLE FL 32256</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

**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	<b>D OHARA, SALLIE PO BOX 2417 JACKSONVILLE FL 32231</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GLASS, SUE 8384 BAYMEADOWS RD, STE 10 JACKSONVILLE FL 32256</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WOODYARD, RON 269 LINKSIDE COURT PONTE VEDRA BEACH FL 32082</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dr. Eduardo Baibona</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7818 Philips Hwy. Suite 201 Jacksonville, FL 32256</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JACKSON, FRED 101 CENTURY 21 DR STE 210 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUIE, JILL 3627 UNIVERSITY BLVD. #720 JACKSONVILLE FL 32216</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1895 Kingsley Ave.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jacksonville Orange Park, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GULICK, KAY M 1833 BLVD STE 407 JACKSONVILLE FL 32203</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7818 Philips Highway Suite 201</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Jacksonville, FL 32252</b>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/01** **904-**  
**421-3197**  
Date Daytime Phone #

CR2E037 (10/00)