

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004115

FILED
Jan 09, 2002
Secretary of State

Entity Name: THE WELLNESS COUNCIL OF NORTH FLORIDA, INC.

Current Principal Place of Business:

7818 PHILIPS HWY
SUITE 201
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7818 PHILIPS HWY
SUITE 201
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-2946582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULICK, KAY M
7818 PHILIPS HWY
SUITE 201
JACKSONVILLE, FL 32256

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OHARA, SALLIE
Address: PO BOX 2417
City-St-Zip: JACKSONVILLE, FL 32231

Title: S () Delete
Name: GLASS, SUE
Address: 8384 BAYMEADOWS RD, STE 10
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: BAIBONA, EDUARDO
Address: 7818 PHILIPS HWY STE 201
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: JACKSON, FRED
Address: 101 CENTURY 21 DR STE 210
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD () Delete
Name: BUIE, JILL
Address: 1895 KINGSLEY AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: GULICK, KAY M
Address: 7818 PHILIPS HIGHWAY STE 201
City-St-Zip: JACKSONVILLE, FL 32252

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: VOGEL, BILL
Address: 806 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY M. GULICK

MS

01/09/2002

Electronic Signature of Signing Officer or Director

Date