

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006187

1. Entity Name

WHOLEHEALTH LIBRARY & RESOURCE CENTER, INC. ✓

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

07-26-2000 90016 035 ****61.25

Principal Place of Business

25402 PINE STREET
MELROSE FL 32666

Mailing Address

POST OFFICE BOX 655
MELROSE FL 32666-0655

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

59-3476335

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

ELLISON, GAIL K PH.D
25402 PINE STREET
MELROSE FL 32666

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
After September 13, 2000 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 PT ☐ Delete
NAME ELLISON, GAIL K
STREET ADDRESS 2135 NW 3RD PL
CITY-ST-ZIP GAINESVILLE FL 32603

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

TITLE D ☐ Delete
NAME SOMMER, ELANOR
STREET ADDRESS 2603 NW 13TH, #163
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE ☒ Change ☐ Addition
NAME SOMMER, ELEANOR
STREET ADDRESS 2210 SE 27th St.
CITY-ST-ZIP Gainesville FL 32641

TITLE D ☐ Delete
NAME RYERSON, MARJORIE
STREET ADDRESS 36 RANDOLPH AVE
CITY-ST-ZIP RANDOLPH VT 05060

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Gail K. Ellison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 July 2000

352.475.2220
Date Daytime Phone #

CR2E037 (5/00)