

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90211 011 ****61.25

DOCUMENT # N98000002269

1. Entity Name

THE MCCORMICK-GREEN CENTER FOR HOLISTIC THERAPIES, INC.

Principal Place of Business

785 JUNIPER PLACE
WELLINGTON FL 33414

Mailing Address

785 JUNIPER PLACE
WELLINGTON FL 33414

2. Principal Place of Business

Same

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0835111

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, LOUISE
785 JUNIPER PLACE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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

LOUISE MCCORMICK PRESIDENT

8/13/00

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCORMICK, LOUISE	
STREET ADDRESS	785 JUNIPER PLACE	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, ALBERT	
STREET ADDRESS	1 GROVE ISLE, APT 710	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLANCY, ELEANOR	
STREET ADDRESS	50 DALE PLACE	
CITY-ST-ZIP	OLDSMAN FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW BOND D.V.M.	
STREET ADDRESS	552 RAMBLING ROAD CIRCLE	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT REBHOLZ	
STREET ADDRESS	6120 TWIN LAKE DR.	
CITY-ST-ZIP	S. MIAMI, FL 33134	
TITLE	TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYDEE CEBALLOS C.P.A.	
STREET ADDRESS	354 SEVILLA AVE.	
CITY-ST-ZIP	CORAL GABLES, FL. 33134	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SR. TRINA MCCORMICK D.P.	
STREET ADDRESS	SPRING BANK RETREAT CENTER	
CITY-ST-ZIP	RTE # 2 BOX 180	
	KING STREET, S. CAPOVILLA	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. JAMES MCCORMICK D.O.	
STREET ADDRESS	22721 WILDERNESS WAY	
CITY-ST-ZIP	BOCA RATON, FL. 33433	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. AL SEARS M.D.	
STREET ADDRESS	888 W. RAMBLING DR.	
CITY-ST-ZIP	WELLINGTON, FL. 33414	

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 another like empowered.

SIGNATURE:

LOUISE MCCORMICK

8/13/00 (561) 791-2572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)