

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002269

1. Entity Name

THE MCCORMICK-GREEN CENTER FOR HOLISTIC THERAPIES

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90144 040 \*\*\*\*61.25

Principal Place of Business

785 JUNIPER PLACE  
 WELLINGTON FL 33414

Mailing Address

785 JUNIPER PLACE  
 WELLINGTON FL 33414

00000511



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

MCCORMICK, LOUISE  
 785 JUNIPER PLACE  
 WELLINGTON FL 33414

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 12, 2001, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 MCCORMICK, LOUISE  
 785 JUNIPER PLACE  
 WELLINGTON FL 33414 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DT  
 CEBALLOS, HAYDÉE  
 354 SEVILLA AVE.  
 CORAL GABLES, FL 33134 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 GREEN, ALBERT  
 1 GROVE ISLE, APT 710  
 MIAMI FL 33133 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DS  
 REBOLLO, SCOTT  
 6120 TWIN LAKE DRIVE  
 S. MIAMI, FL, 33134 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 CLANCY, ELEANOR  
 50 DALE PLACE  
 OLDSMAN FL 34677 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MCCORMICK, TERESA  
 RT. # 2 BOX 180  
 KINGSTREE, S.C. 29556 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 MCCORMICK, JAMES DR  
 22721 WILDERNESS WAY  
 BOCA RATON FL 33433 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 SEARS, AL MD  
 888 W. RAMBLING DR.  
 WELLINGTON FL 33414 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP  
 BOND, MATTHEW DVM  
 552 RAMBLING ROAD CIRCLE  
 WELLINGTON FL 33414 ☐ Delete

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

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 *Louise McCormick* (5811) 8/3/01 791-2572  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/01)