

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90006 043 ****61.25

DOCUMENT # N98000002269

1. Entity Name
**THE MCCORMICK-GREEN CENTER FOR
HOLISTIC THERAPIES, INC.**



DO NOT WRITE IN THIS SPACE

40043908

2. Principal Place of Business
785 JUNIPER PLACE
Suite, Apt. #, etc.

3. Mailing Address
785 JUNIPER PLACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WELLINGTON, FL
Zip
33414

Country
PALM BEACH

City & State
WELLINGTON, FL
Zip
33414

Country
PALM BEACH

4. FEI Number
65-0835111

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MC CORMICK, LOUISE

Street Address (P.O. Box Number is Not Acceptable)

785 JUNIPER PLACE

City
WELLINGTON

FL Zip Code
33414

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
DP
NAME
MCCORMICK, LOUISE
STREET ADDRESS
785 JUNIPER PLACE
CITY-ST-ZIP
WELLINGTON, FL 33414

TITLE
VP
NAME
BOND, MATTHEW DVM
STREET ADDRESS
12800 60TH STREET N.
CITY-ST-ZIP
WEST PALM BEACH, FL 33411

TITLE
D
NAME
MCCORMICK, TRINA SISTER
STREET ADDRESS
1345 SPRINGBANK ROAD
CITY-ST-ZIP
KINGSTREE, S.C. 29556

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

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

TITLE
TREAS.
NAME
CEBALLOS-VAZQUEZ, HAYDÉE CPA
STREET ADDRESS
354 SEVILLE AVENUE
CITY-ST-ZIP
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Louise K. McCormick** **LOUISE MCCORMICK** **03/28/05** **561/791-2572**

CR2E037B (12/02)