

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005811

1. Entity Name

HYPERBARIC OXYGEN THERAPY ASSOCIATION, INC.

Principal Place of Business

11550 I-H 10 WEST
SUITE 295
SAN ANTONIO TX 78230

Mailing Address

11550 I-H 10 WEST
SUITE 295
SAN ANTONIO TX 78230

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WILLIS, GREGORY J
707 SOUTHEAST THIRD AVENUE
SUITE 300
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

MARC R. KAISER

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

3663 S. Miami Avenue

City

Miami

FL

Zip Code

33133

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

Marc R. Kaiser MARC R. KAISER, Secretary

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

(NOTE: Registered Agent signature required when reinstating)

9-18-00

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 PD
NAME LEDAUX, JIMMY
STREET ADDRESS 11550 I-H 10 WEST
CITY-ST-ZIP SAN ANTONIO TX 78230 ☐ Delete

TITLE DV
NAME WILMETH, J B
STREET ADDRESS 819 SOUTH MOOR PARK ROAD
CITY-ST-ZIP THOUSAND OAKS CA 91361 ☐ Delete

TITLE SD
NAME KAISER, MARC R
STREET ADDRESS P.O. BOX 2039
CITY-ST-ZIP BOCA RATON FL 33427 ☐ Delete

TITLE TD
NAME WOOD, STEVE
STREET ADDRESS 11550 I-H 10 WEST
CITY-ST-ZIP SAN ANTONIO TX 78230 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600003418056-6
-10/09/00-01014-016
****236.25 ****236.25

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

TITLE TD
NAME Gelly, Helen
STREET ADDRESS 55 Switcher Street, Ste. 200
CITY-ST-ZIP Marietta, GA 30060 ☐ Change ☒ Addition

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

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:

Marc R. Kaiser SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-18-00 305-8542300

FILED
00 SEP 25 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

4. FEI Number

33-0825867

Applied For
Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

SP

CR2E037 15/001