

2000 UNIFORM BUSINESS REPORT (UBR)

3/c

DOCUMENT # N99000002944

1. Entity Name

AMERICAN ANTI-AGING FOUNDATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-06-2000 90040 022 ****61.25

Principal Place of Business

Mailing Address

C/O JORDAN K. DAVIS, M.D.
 7601 WOOD DUCK DRIVE
 BOCA RATON FL 33434

C/O JORDAN K. DAVIS, M.D.
 7601 WOOD DUCK DRIVE
 BOCA RATON FL 33434-5143

2. Principal Place of Business

3. Mailing Address

1905 CLINT MOORE RD.

1905 CLINT MOORE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 309

SUITE 309

City & State

City & State

BOCA RATON, FL.

BOCA RATON, FL.

Zip

Country

Zip

Country

33496

US

33496

US

4. FE Number

Applied For

65-0932105

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

DAVIS, JORDAN K
 7601 WOOD DUCK DRIVE
 BOCA RATON FL 33434

Name

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

1905 CLINT MOORE RD

SUITE 309

City

BOCA RATON

FL

Zip Code

33496

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JORDAN K M.D.	NAME	
STREET ADDRESS	C/O JORDAN K. DAVIS, M.D.	STREET ADDRESS	1905 CLINT MOORE RD
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, CHARLES M.D.	NAME	
STREET ADDRESS	C/O JORDAN K. DAVIS, M.D.	STREET ADDRESS	1905 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	George Ponzer, CPA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	GEORGE PONZER, CPA
STREET ADDRESS		STREET ADDRESS	6100 GLADYS RD
CITY-ST-ZIP		CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORDAN K. DAVIS M.D.

Date

Daytime Phone #

2/24/00 561-988-8566

CR2E037 (9/99)