

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90184 010 ****61.25

DOCUMENT # N99000003799

1. Entity Name

BOUNTIFUL INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**250 NORTH ORANGE AVE.
 SUITE 1100
 ORLANDO FL 32802**

**250 NORTH ORANGE AVE.
 SUITE 1100
 ORLANDO FL 32802**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3676530
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MUNNS, RANIER
 250 NORTH ORANGE AVE.
 SUITE 1100
 ORLANDO FL 32802**

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**

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 | D | <input type="checkbox"/> Delete |
| NAME | MUNNS, RANIER | |
| STREET ADDRESS | 1325 - NORTHTRIDGE DRIVE | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MUNNS, APRIL | |
| STREET ADDRESS | 1325 - NORTHTRIDGE DRIVE | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BORCHARDT, CATHERINE ANN | |
| STREET ADDRESS | 341 - GRAND VALLEY DRIVE | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BORCHARDT, RONALD | |
| STREET ADDRESS | 341 - GRAND VALLEY DRIVE | |
| CITY-ST-ZIP | LAKE MARY FL 32746 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SCHLEIFFARTH, CATHERINE | |
| STREET ADDRESS | 278 - WEST SABAL PALM PLACE | |
| CITY-ST-ZIP | LONGWOOD FL 32779 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WATERS, REBECCA MUNNS | |
| STREET ADDRESS | 1598 - LAWDALE CIRCLE | |
| CITY-ST-ZIP | WINTER PARK FL 32790 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

Daytime Phone #

CRE037 (10/00)