

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000013004

1. Entity Name

JOURNEYS OF THE HEART INTERNATIONAL, INC.

Principal Place of Business Mailing Address  
1903 North Third Street 1903 North Third Street  
JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number  
59-3622984Applied For  
Not Applicable5. 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

FARBER, AURORA  
379 10th Street  
Atlantic Beach, FL 32233

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing;  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME Farber, Aurora  
STREET ADDRESS 379 10th Street  
CITY-ST-ZIP Atlantic Beach, FL 32233

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Aurora Farber, President

9/18/01

(904) 241-3825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90005 004 \*\*\*150.00

C0077247

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)



✓ Income Tax Service  
✓ Financial & Insurance Services  
✓ Accounting & Bookkeeping Services

320 Osceola Avenue  
Jacksonville Beach, FL 32250  
Phone 904/241-2533  
Fax: 904/241-1604  
[www.triplechecktax.com](http://www.triplechecktax.com)

July 24, 2001

Division of Corporations  
Annual Reports Filing  
Post Office Box 6327  
Tallahassee, Florida 32314

attachment  
#P00000013004  
C007247

Re: Profit Corporation Annual Report  
Document P00000013004 – Journeys of the Heart International

Dear Sir/Madam,

Please see the attached Uniform Business Report for our client listed above. We are requesting that you accept their Application for Reinstatement and their payment of \$150.00 for the year 2001.

Mrs. Farber, President of the above Corporation, did not receive her report for the 2001 registration period. We believe that the original report went to a former address. Mrs. Farber has always been very conscientious about forwarding all government paperwork to us and paying all fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions or concerns regarding this matter.

Sincerely,

John P. Corliss, CFP

Enclosure: Check #0184  
Application for Reinstatement