

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90483 035 ***150.00

DOCUMENT # P00000014426



1. Entity Name
BARBARA BRENNAN SCHOOL OF HEALING, INC.

Principal Place of Business
**500 NE SPANISH RIVER BLVD.
SUITE 108
BOCA RATON FL 33431**

Mailing Address
**500 NE SPANISH RIVER BLVD.
SUITE 108
BOCA RATON FL 33431**

55005797



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0996233

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ZACHAR, SEYMOUR
500 NE SPANISH RIVER BLVD.
SUITE 108
BOCA RATON FL 33431**

Name **Barbara Brennan**
Street Address (P.O. Box Number is Not Acceptable)
**500 W.E. Spanish River Blvd
Suite 108**
City **Boca Raton** FL Zip Code **33431**

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 *Barbara Brennan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P BRENNAN, BARBARA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	500 NE SPANISH RIVER BLVD.		
CITY-ST-ZIP	BOCA RATON FL 33431		
	<input type="checkbox"/> Delete		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	CITY-ST-ZIP		
	<input type="checkbox"/> Delete		

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 607, 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: *Barbara Brennan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 07, 03

Date

Daytime Phone #

CR2E034 (10/02)