

2002 UNIFORM BUSINESS REPORT (UBR)

0067176 AV

DOCUMENT # P00000017109

1. Entity Name

A-NU-U OF CENTRAL FLORIDA, INC.

FILED

02 AUG -9 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

707 BALLARD ST., STE. 1000
ALTAMONTE SPRINGS FL 32701

Mailing Address

707 BALLARD ST., STE. 1000
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3640574

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

KOLTUN, JEFFREY-M
557 NORTH WYMORE RD., STE. 100
MAITLAND FL 32751

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, 2002 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 PD ☐ Delete
NAME PACE, BILLIE J
STREET ADDRESS 707 BALLARD ST., STE. 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE VSTD ☐ Delete
NAME ASHLEY-GILBERT, ANN A
STREET ADDRESS 707 BALLARD ST., STE. 1000
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition
NAME 700007073597-5
STREET ADDRESS -08/13/02-01035-017
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02 (407) 331-7784

CR2E034 (9/01)

Attachment

ALTAMONTE WOMEN'S CENTER

PO00000017109

ANN ASHLEY-GILBERT, M.D. • BILLIE JEAN PACE, M.D.

August 2, 2002

To Whom It May Concern:

Please note Mrs. Eliza Kirby ran the A-NU-U weight loss clinic and suddenly passed away. The Uniform Business Report for 2002 was in a desk in her office and was overlooked. Please waive the \$550.00 late fee. I phoned your office and was told to send a statement along with a check for \$150.00.

Sincerely,

Kimberly Bowles
Office Manager



707 BALLARD STREET • SUITE 1000 • ALTAMONTE SPRINGS, FLORIDA 32701

(407) 331-7784 • FAX (407) 339-0640