

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035769

1. Entity Name
NUTRACEUTICAL CLINICAL LABORATORIES INTERNATIONAL

Principal Place of Business
3542 MORRIS STREET NORTH
ST PETERSBURG FL 33713

Mailing Address
3542 MORRIS STREET NORTH
ST PETERSBURG FL 33713

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
59-3638624

Applied For

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

KOEPKE, PATRICIA
3542 MORRIS STREET NORTH
ST PETERSBURG FL 33713

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 Patricia Koepke

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

TITLE D ☐ Delete
NAME SIMMONS, PAUL L
STREET ADDRESS 3542 MORRIS STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D,P ☒ Change ☐ Addition
NAME SIMMONS, PAUL L
STREET ADDRESS 3542 MORRIS STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE V,S ☐ Change ☒ Addition
NAME KOEPKE, PATRICIA
STREET ADDRESS 3542 MORRIS STREET NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE V ☐ Change ☒ Addition
NAME SIMMONS, PAULA
STREET ADDRESS 3542 MORRIS ST. NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D ☐ Change ☒ Addition
NAME ANDERSON, KEITH
STREET ADDRESS 485 BEACH DRIVE
CITY-ST-ZIP LONGWOOD, FL 33750

TITLE D ☐ Change ☒ Addition
NAME PROCTOR, MICHIE
STREET ADDRESS 9910 BARACHAH DRIVE
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE D ☐ Change ☒ Addition
NAME WEAVER, DENNIS
STREET ADDRESS 13869 COUNTY RD. #1
CITY-ST-ZIP RIDGWAY, CO 81432

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: PATRICIA A. KOEPKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90009 005 ***150.00

601295



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0362546