

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90372 019 ***150.00

DOCUMENT # P00000064014

1. Entity Name

SIESTA NUTRITION, INC.

Principal Place of Business

**5634 CREEKWOOD DRIVE
 SARASOTA FL 34233**

Mailing Address

**5634 CREEKWOOD DRIVE
 SARASOTA FL 34233**

2. Principal Place of Business

6597 S. Tamiami Tr.

Suite, Apt. #, etc.

3. Mailing Address

6597 S. Tamiami Tr.

Suite, Apt. #, etc.

City & State

Sarasota, Fl.

City & State

Sarasota, Fl.

4. FEI Number

65-1059791

Applied For

Not Applicable

Zip

Country

34231

Sarasota

Zip

34231

Country

Sarasota

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

**HERMAN, THOMAS E
 5634 CREEKWOOD DRIVE
 SARASOTA FL 34233**

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

Thomas E. Herman

Thomas Herman

4/20/01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSTD
 HERMAN, THOMAS E
 5634 CREEKWOOD DRIVE
 SARASOTA FL 34233** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P/D
 Thomas E. Herman
 5634 Creekwood Dr.
 Sarasota, Fl. 34233** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 DORIS SHIELDS
 1461 Main St.
 Sarasota, Fl. 34236** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T/S
 ROCHELLE J. HERMAN
 5634 CREEKWOOD DR.
 SARASOTA, FL. 34233** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 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:

Thomas E. Herman **Thomas Herman P/D**

Date

Daytime Phone #

4/20/01 929-0884

CR2E034 (10/00)