

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2001 8:00 am
Secretary of State

06-14-2001 90007 026 ***150.00

DOCUMENT # P00000100717

1. Entity Name

THE ACADEMY OF HEALTH SCIENCES AND NUTRITION, IN

Principal Place of Business

Mailing Address

6421 CONGRESS AVENUE
 SUITE 201
 BOCA RATON FL 33487

6421 CONGRESS AVENUE
 SUITE 201
 BOCA RATON FL 33487

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

☒ 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

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

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 file 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

President
Steven M. Bettinger
6421 Congress Ave # 201
Boca Raton FL 33487

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

Director
Robert Bettiger
6421 Congress Ave # 201
Boca Raton FL 33487

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01

Date

961-994-4446

Daytime Phone #



The Academy of Health Sciences and Nutrition

6/21/01

Filing Department
409 E. Gaines St.
Tallahassee, FL 32399
850-487-6059

Academy of Health Sciences and Nutrition, Inc.

Dear filing department: reference P00000100717

We were unaware of this time sensitive form because we have never received notice.
Certainly we would have sent it in a few weeks earlier if we knew of a late penalty fee.

You have already received our \$150.00 and we kindly ask if that you please waive the late fee
of \$400.00 and it wont happen again next year.

Thank you for your consideration.

Sincerely,

Steven Bettinger
President

6421 Congress Ave., Suite 201, Boca Raton, FL 33487

(800) 286-8521

www.nutritionacademy.com

FAX: (888) 491-8648

e: info@nutritionacademy.com