

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 793000020702

1. Entity Name
Center for Tradit. Chinese Medicine

APPROVED
AND
FILED

00 MAY -3 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
SARASOTA, FL 34239

Mailing Address
1299 South Tamiami
Suite 1209

2. Principal Place of Business
~~SARASOTA~~ as above

Suite, Apt. #, etc.
1209

City & State
SARASOTA

Zip
34239

Country
FL

6. Name and Address of Current Registered Agent
Dr. Helga WALL-APELT
1299 South Tamiami
SARASOTA, FL 34239

4. FEI Number
65-0407812

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

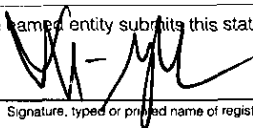
7. Name and Address of New Registered Agent

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  President

4-27-00

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, 2000 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 President	<input type="checkbox"/> Delete
NAME Dr. Helga WALL-APELT	
STREET ADDRESS 1299 South Tamiami	
CITY-ST-ZIP SARASOTA, FL 34239	
TITLE Treasurer	<input type="checkbox"/> Delete
NAME Dr. Helga WALL-APELT	
STREET ADDRESS 1299 South Tamiami	
CITY-ST-ZIP SARASOTA, FL 34239	
TITLE Secretary	<input type="checkbox"/> Delete
NAME Dr. Helga WALL-APELT	
STREET ADDRESS 1299 South Tamiami	
CITY-ST-ZIP SARASOTA, FL 34239	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800003259758-7
-05/19/00--01094--019
****150.00 ****150.00

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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 941-365-8008

Date

Daytime Phone #

CR2E034 (9/99)