

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027270

1. Entity Name

WELLNESS RESOURCE CENTER, INC.

FILED

01 JUL 10 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

101400

Principal Place of Business

660 LINTON BLVD. SUITE 112
DELRAY BEACH FL 33444

Mailing Address

660 LINTON BLVD. SUITE 112
DELRAY BEACH FL 33444

2. Principal Place of Business

Suite, Apt. #, etc.

Boca Raton FL

City & State

33487

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

Zip

Country



01/26/01-90074-008 \$150.00

4. FEI Number

65-0404739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M II
PHILLIPS POINT-EAST TOWER
777 S. FLAGLER DR., SUITE 900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Cara Sansonia

Street Address (P.O. Box Number is Not Acceptable)

350 Camino Gardens Blvd #303

City

Boca Raton

FL

Zip Code

33432

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, 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	<input type="checkbox"/> Delete
NAME	MICHAEL, DAVID	
STREET ADDRESS	739 FLAMINGO DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, STEVE	
STREET ADDRESS	8935 SONORA LAKE BLVD.	
CITY-ST-ZIP	BOCA RATON FL 33434	
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		

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

David Michael

Date

1-11-01-

Daytime Phone #

561-278-8411

CR2E034 (10/00)