

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045329

1. Entity Name

CONSCIOUS CARE CENTER OF WHOLISTIC AND FUNCTIONA

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90420 036 \*\*\*158.75

Principal Place of Business

901 E SECOND ST  
SANFORD FL 32-7716  
US

Mailing Address

901 E SECOND ST  
SUITE 203  
SANFORD FL 32771-2101  
US

2. Principal Place of Business

3. Mailing Address

901 E Second Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanford, Florida

4. FEI Number

59-3252137

Applied For

Not Applicable

Zip

Country

Zip

Country

32771

US

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

VINIKAS, BRUCE  
101 CRYSTAL VIEW SOUTH  
SANFORD FL 32773

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	LIEBLING, SARA	101 CRYSTALL VIEW S.	SANFORD FL 32773	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	VINIKAS, BRUCE	101 CRYSTALL VIEW S.	SANFORD FL 32773	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE:

SARA LIEBLING

4/20/2000

407-321-1377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)