

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051372

1. Entity Name

NEW DIRECTIONS FOR BETTER LIVING, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90037 022 ***150.00

Principal Place of Business

Mailing Address

2669 FOREST HILL BLVD.
SUITE 110
WEST PALM BEACH FL 33406
US

P.O. BOX 17865
WEST PALM BEACH FL 33416-7865
US

2. Principal Place of Business

2669 Forest Hill Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 113

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33406

Country

Zip

Country

4. FEI Number

65-0516490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, LAURA L
2669 FOREST HILL BLVD
STE 110
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name

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

2669 Forest Hill Blvd Suite 113

City

West Palm Beach

FL

Zip Code

33406

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

4-4-00

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 ☐ Delete
NAME DVP
STREET ADDRESS HARRIS, SUSAN
CITY-ST-ZIP 2669 FOREST HILL BLVD STE 110
WEST PALM BEACH FL 33406

TITLE ☐ Delete
NAME DP
STREET ADDRESS GOODMAN, LAURA L
CITY-ST-ZIP 2669 FOREST HILL BLVD STE 110
WEST PALM BEACH FL 33406

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-4-00 561 471-7046