

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057450

1. Entity Name

NUTRI HERB, INC.

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

04-10-2000 90027 006 ***150.00

Principal Place of Business

Mailing Address

3460 FAIRLANE FARMS RD
SUITE 3
WELLINGTON FL 33414
US

P.O. BOX 211116
WESTPALM BEACH FL 33421-1116
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 148

P.O. Box 148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jennings FL

Jennings FL

Zip
32053

Country

Hamilton

Zip

32053

Country

Hamilton

4. FEI Number

65-0513759

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

AUSTIN, KEITH C JR.
501 SOUTH FLAGLER DR.
SUITE 306
WEST PALM BEACH FL 33401

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
CDP
KEYS, TED F
3460 FAIRLANE FARMS RD STE 3
WELLINGTON FL 33414 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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:

Ted F. Keys
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 (904) 938-2345
Date Daytime Phone #

CR2E034 (9/99)