

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90060 011 \*\*\*150.00

DOCUMENT # P95000026158

1. Entity Name

VAN LANDINGHAM HEALTH QUEST, INC.

Principal Place of Business

525 9TH AVE W  
PALMETTO FL 34221  
US

Mailing Address

525 9TH AVE W  
PALMETTO FL 34221-5027  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0577983

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

VAN LANDINGHAM, BRENDA  
525 9TH AVE WEST  
PALMETTO FL 34221

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

*Brenda VanLandingham Brenda Van Landingham*

1/14/2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	VAN LANDINGHAM, BRENDA	
STREET ADDRESS	525 9TH AVE. WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VAN LANDINGHAM, ERNEST	
STREET ADDRESS	525 9TH AVE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	S <del>MARRIED</del> change NAME to:	<input type="checkbox"/> Delete
NAME	KEHERER, CHRISTINE	
STREET ADDRESS	525 9TH AVE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME	HEDEGARD, DABNEY	
STREET ADDRESS	525 9TH AVE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARECKI, Christine	
STREET ADDRESS	525 9th Ave West	
CITY-ST-ZIP	PALMETTO, FL 34221	
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:

*Brenda VanLandingham*

1/19/2000 941-729-7888

Date

Daytime Phone #