

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015457

1. Entity Name

NUTRACYCLE, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

134 Central Florida Pkwy.  
Orlando, FL. 32837

Mailing Address

c/o Robert R. McElhaney  
3933 Salmon Drive  
Orlando, FL. 32835-2630  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

c/o William Moss

Suite, Apt. #, etc.

1134 Central Florida Pky.

City &amp; State

Orlando, Florida

Zip

32837

Country

USA

4. FEI Number

59-3504912

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCELHANEY, ROBERT R.  
3933 SALMON DRIVE  
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name

William Moss

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

8921 N.W. 51st Street

City

Coral Springs

FL

Zip Code  
33067

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

William H. Moss

21 August 00

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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	Price, Kevin M.	
STREET ADDRESS	4402 Willow Shade Court	
CITY-ST-ZIP	Orlando, FL. 32835	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	McElhaney, Robert R.	
STREET ADDRESS	3933 Salmon Drive	
CITY-ST-ZIP	Orlando, FL. 32835	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Davis, Larry E.	
STREET ADDRESS	8925 Boxwood Court	
CITY-ST-ZIP	Cincinnati, OH 45211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Delgiorino, Peter	
STREET ADDRESS	3333 W. Commercial Blvd, Ste 203	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	Morgenthau, Anthony R.	
STREET ADDRESS	3333 W. Commercial Blvd, Ste 203	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	Andzel, Richard M.	
STREET ADDRESS	3333 W. Commercial Blvd, Ste. 203	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moss, William	
STREET ADDRESS	1134 Central Florida Parkway	
CITY-ST-ZIP	Orlando, FL. 32837	
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wargo, Thomas	
STREET ADDRESS	1134 Central Florida Parkway	
CITY-ST-ZIP	Orlando, FL 32837	
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

Date

Daytime Phone #

William H. Moss, President 21 Aug 00  
954-796-1640

CR2E034 (9/99)