

# UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P97000015457**  
 1. Entity Name  
**NUTRACYCLE, INC.**

FILED

00 AUG 25 PM 4:18

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 134 Central Florida Pkwy. c/o Robert R. McElhanev  
 Orlando, Fl. 32837 3933 Salmon Drive  
 US Orlando, Fl. 32835-2630  
 US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country  
 32837 USA

4. FEI Number Applied For  
 59-3504912 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* William H. Moss DATE 21 August 00  
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	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	McElhanev, 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 checked="" 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: *William H. Moss*, William H. Moss, President DATE 21 Aug 00  
 954-796-1640  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)