

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026200

1. Entity Name

CAPE CORAL WELLNESS, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90118 029 \*\*\*150.00

Principal Place of Business

2930- A DEL PRADO BLVD  
STE A  
CAPE CORAL FL 33904  
US

Mailing Address

2930-A DEL PRADO BLVD  
CAPE CORAL FL 33904-7239

2. Principal Place of Business

2930-A Del Prado

Suite, Apt. #, etc.

Suite A

City & State

Cape Coral FL

Zip 33904

Country Lee

3. Mailing Address

2930-A Del Prado

Suite, Apt. #, etc.

Suite A

City & State

Cape Coral FL

Zip 33904

Country Lee



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0734259

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAVALLE, CHRISTINE  
2930-A DEL PRADO BLVD  
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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

TITLE DP ☐ Delete

NAME LAVANE, CHRISTINE  
STREET ADDRESS 4725 HOLLINGSWORTH AVE  
CITY-ST-ZIP SARASOTA FL 33904

TITLE VP ☒ Delete

NAME LAVANE, JON P  
STREET ADDRESS 4725 HOLLINGSWORTH AVE  
CITY-ST-ZIP SARASOTA FL 33904

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

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

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 #

4/14/00

941 540 4300

CR20034 19/00