

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038051

1. Entity Name

THE HEALING HEART CENTRE, INC.

**FILED**  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90154 029 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O WILLIAM C DAVIS  
2655 LEJEUNE RD., PH-2  
CORAL GABLES FL 33134

C/O WILLIAM C DAVIS  
2655 LEJEUNE RD., PH-2  
CORAL GABLES FL 33134

00051630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0929441

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

DAVIS, WILLIAM C III  
2655 LEJEUNE ROAD  
PENTHOUSE 2  
CORAL GABLES FL 33134

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 ☐ Delete  
NAME D  
STREET ADDRESS SULLIVAN, JOHN W DR  
CITY-ST-ZIP 2286 ARBOR WALK CIRCLE  
NAPLES FL 34109

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME ~~DAVIGLUS, GEORGE F DR~~  
STREET ADDRESS ~~1841 S BAYSHORE DRIVE~~  
CITY-ST-ZIP ~~COCONUT GROVE FL 33133~~

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DAVIS, WILLIAM C III  
STREET ADDRESS 2655 LEJEUNE RD, PH II  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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

WILLIAM C. DAVIS, III  
DIRECTOR

Date

Daytime Phone #

4/26/2000 305-448-3290

CR2E034 (9/99)