

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054739

1. Entity Name

FOR HEALTH'S SAKE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90049 031 ***150.00

Principal Place of Business

Mailing Address

RT. 2 BOX 2500
PALATKA FL 32177

RT. 2 BOX 2500
PALATKA FL 32177-9602

C0032220



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

923 B. WEST RIVER RD.

3. Mailing Address

923 B. WEST RIVER RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALATKA FL.

City & State

PALATKA FL.

4. FEI Number

59-3455313

Applied For

Not Applicable

Zip

32177

Country

U.S.A.

Zip

32177

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, STANLEY F
RT. 2 BOX 2500
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name

HALL, STANLEY F

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

923 B. WEST RIVER RD.

City

PALATKA

FL

Zip Code

32177

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HALL, STANLEY F	
STREET ADDRESS	RT. 2 BOX 2500	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	HALL, KAREN M	
STREET ADDRESS	RT. 2 BOX 2500	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, STANLEY F.	
STREET ADDRESS	923 B. WEST RIVER RD	
CITY-ST-ZIP	PALATKA, FL. 32177	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, KAREN M.	
STREET ADDRESS	923 B. WEST RIVER RD.	
CITY-ST-ZIP	PALATKA, FL. 32177	
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		
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; 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

1/17/00

Date

(904) 329-5521

Daytime Phone #

CR2E034 (9/99)