

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000086308

1. Entity Name

THE HEALTHY HEART CENTER, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90054 040 ***150.00

Principal Place of Business

Mailing Address

601 OAK COMMONS BLVD.
KISSIMMEE FL 34741

601 OAK COMMONS BLVD.
KISSIMMEE FL 34741-4213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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

MATHIAS, PATRICK F

~~801 W OAK ST SUITE 202~~ 601 Oak Commons Blvd.
KISSIMMEE FL 34141

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

Johnson P. Montgomery

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/25/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
D
MASSEY, JOHNSON P
801 W. OAK ST., STE. 202
KISSIMMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
D
MATHIAS, PATRICK F
801 W. OAK ST., STE. 202
KISSIMMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
D
BARRETT, ROBERT L
801 W. OAK ST., STE. 202
KISSIMMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Johnson P. Montgomery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000

Date

407-846-0626

Daytime Phone #