

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049626

1. Entity Name

HEALTH SHOPPE HOLDINGS & DISTRIBUTION CO., INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90250 021 \*\*\*150.00

Principal Place of Business

Mailing Address

330 A1A NORTH #306  
PONTE VEDRA BEACH FL 32082

330 A1A NORTH #306  
PONTE VEDRA BEACH FL 32082-1826

2. Principal Place of Business

12620-16 Beach Blvd.

3. Mailing Address

12620-16 Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3519987

Applied For

Not Applicable

Zip

32246

Country

USA

Zip

32246

Country

USA

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

LATSHAW, JOHN H JR.  
3010 SOUTH THIRD STREET  
JACKSONVILLE BEACH FL 32250

Name

Lorraine Carroll

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

12620-16 Beach Blvd.

City

JACKSONVILLE

FL

Zip Code

32246

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

*Lorraine Carroll*

April 26, 2000

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 **D** ☒ Delete  
NAME **WILLIAMS, MICHAEL P**  
STREET ADDRESS **330 A1A N #306**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

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

TITLE **D** ☐ Delete  
NAME **CARROLL, CHARLES**  
STREET ADDRESS **12620-16 BEACH BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **~~LORRINE CARROLL~~ DIRECTOR** ☐ Change ☒ Addition  
NAME **LORRINE CARROLL**  
STREET ADDRESS **12620-16 BEACH BLVD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

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:

*Lorraine Carroll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

904-644-4410

Daytime Phone #

CR2E034 (9/99)