

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90099 004 \*\*\*\*50.00  
04-02-2002 90948 010 \*\*\*100.00

**DOCUMENT # P98000053760**

1. Entity Name  
**TRIUMPH NUTRITION, INC.**

Principal Place of Business  
**2401 PGA BLVD. SUITE 190  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**2401 PGA BLVD. SUITE 190  
PALM BEACH GARDENS FL 33410**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number****65-0843172**

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**

**HOLLANDER, BARRY**  
**2401 PGA BLVD., DUITE 190**  
**PALM BEACH GARDENS FL 33410**

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, 2002 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

**PC  
FONG, HENRY  
2401 PGA BLVD STE 190  
PALM BEACH GARDENS FL 33410**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST  
HOLLANDER, BARRY  
2401 PGA BLVD #190  
PALM BEACH GARDENS FL 33410**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**AS  
LEBARON, C.F. JR.  
150 N. MICHIGAN AVENUE, SUITE 2500  
CHICAGO IL 60601**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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

TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

**13.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/02**

Date

**(561)624-0885**

Daytime Phone #

CR2E034 (9/01)