

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062810

1. Entity Name

INSTITUTE OF HERBAL HEALTH, INC.

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

05-15-2000 90169 013 \*\*\*150.00

Principal Place of Business

4025 TAMPA RD. SUITE 1117  
 OLDSMAR FL 34677

Mailing Address

4025 TAMPA RD. SUITE 1117  
 OLDSMAR FL 34677-3214

2. Principal Place of Business

4027 Tampa Rd.

Suite, Apt. #, etc.

#3200

City & State

Oldsmar, FL

Zip

34677

Country

Pinellas

3. Mailing Address

4027 Tampa Rd.

Suite, Apt. #, etc.

#3200

City & State

Oldsmar, FL

Zip

34677

Country

Pinellas



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3522581

Applied For

Not Applicable

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

CHRISTOPHER, TODD

~~4025 TAMPA RD. SUITE 1117~~ 4027 Tampa Rd. #3200

~~OLDSMAR FL 34677~~ Oldsmar, FL 34677

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

Todd Christopher, President

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	P	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, TODD	
STREET ADDRESS	4025 TAMPA RD #1117	
CITY-ST-ZIP	OLDSMAR FL 34677	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher, Todd	
STREET ADDRESS	4027 Tampa Rd. #3200	
CITY-ST-ZIP	Oldsmar, FL 34677	
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 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

Todd Christopher

3-20-00

Date

Daytime Phone #

CR2E034 (9/99)