

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90148 001 ***150.00

DOCUMENT # P98000068946

1. Entity Name

THE WELLNESS INSTITUTE OF CENTRAL FLORIDA, INC.

R

Principal Place of Business

Mailing Address

580 CAPE COD LANE
SUITE 1.2
ALTAMONTE SPRINGS FL 32714

625 CHELSEA RD.
LONGWOOD FL 32750-3904

2. Principal Place of Business

3. Mailing Address

580 Cape Cod Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1 + 2

City & State

City & State

Altamonte Springs, FL

Zip

Country

Zip

Country

32750

USA

4. FEI Number

59-3550364

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

COHEN, ROBERT C
301 S. MILWEE ST.
LONGWOOD FL 32750

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, 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 ☐ Delete
NAME D
STREET ADDRESS COHEN, ALISHA L
CITY-ST-ZIP 625 CHELSEA ROAD
LONGWOOD FL 32750

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FREEMAN, LINDA
CITY-ST-ZIP 1448 NEWBRIDGE LANE
ORLANDO FL 32825

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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.

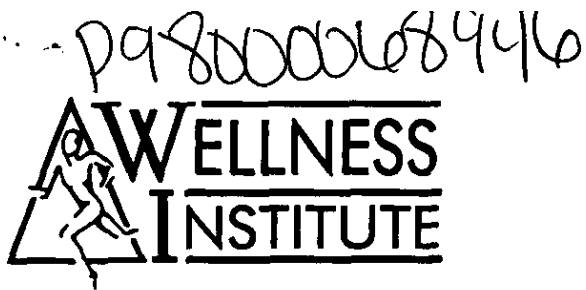
SIGNATURE: Alisha L. Cohen Alisha L. Cohen 6/26/00 4077883339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



580 Cape Cod Lane
Altamonte Springs, FL 32714
407.788-3339
Fax 407.788.6882

6/26/00
Attachment
D0048503

To Whom it May Concern,

We would like to apologize for not meeting the May 1, 2000 deadline. In an effort to organize our new facility and hire competent help we were totally focused on our day to day operations and inadvertently misplaced our business report.

When we located it late last week, I called your office and was told to put our request in writing to have the late fee waived. Please believe us, as we are not in the habit of paying our bills late and if at all possible would greatly appreciate your help (this one time only) in waiving the late fee. We are just getting started and are dedicated to keeping our business in good standing with the state of Florida.

Thank you in advance for your cooperation
Sincerely, Alusha Cohen
co-owner/director