

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081573

1. Entity Name  
**NATURAL LABORATORIES INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90037 001 \*\*\*150.00

Principal Place of Business

Mailing Address

951 SOUTHEAST CENTRAL PARKWAY  
STUART FL 34994

951 SOUTHEAST CENTRAL PARKWAY  
STUART FL 34994-3904



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

903 S.E. CENTRAL PKWY  
Suite, Apt. #, etc.

903 S.E. CENTRAL PKWY  
Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0865460

Applied For

Not Applicable

Zip

Country

34994

MARTIN

Zip

Country

34994

MARTIN

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

RIETH, RONALD  
951 SOUTHEAST CENTRAL PARKWAY  
STUART FL 34994

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 RIETH, RONALD J  
STREET ADDRESS 951 SE CENTER PKWY  
CITY-ST-ZIP STUART FL 34994

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 903 SE CENTRAL PKWY  
CITY-ST-ZIP STUART, FL 34994

TITLE ☐ Delete  
NAME CV  
STREET ADDRESS WACKENHUT, RICHARD R  
CITY-ST-ZIP 4200 WACKENHUT DR 100  
PALM BEACH FL 33410

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

TITLE ☐ Delete  
NAME ST  
STREET ADDRESS MASLOWE, PHILIP L  
CITY-ST-ZIP 4200 WACKENHUT DR 100  
PALM BEACH FL 33410

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS ALTIERI, GERARE N  
CITY-ST-ZIP 820 SUPERIOR AVE NW STE 530  
CLEVELAND OH 44113

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 820 Superior Ave W STE 635  
CITY-ST-ZIP CLEVELAND, OH 44113

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS MAUREEN, BRANDY  
CITY-ST-ZIP 951 SE CENTER PKWY  
STUART FL 34994

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS MAUREEN BRADY  
CITY-ST-ZIP 903 S.E. CENTRAL PKWY  
STUART, FL 34994

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/00 561-283-5227

CR2E034 (9/99)