

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088386

1. Entity Name
HEALTH STREAM DISTRIBUTORS, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90008 002 ***150.00

Principal Place of Business
3210 SW 14TH PLACE
BOYNTON BEACH FL 33426-9887

Mailing Address
3210 SW 14TH PLACE
BOYNTON BEACH FL 33426-9887

2. Principal Place of Business
217 South "O" Street
Suite, Apt. #, etc.

3. Mailing Address
217 South "O" Street
Suite, Apt. #, etc.

City & State
Lake Worth, FL

City & State
Lake Worth, FL

4. FEI Number 65-0879380

Applied For
Not Applicable

Zip Country
33460 U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AUGSPURGER, JENNIFER L ESQ
1900 CORPORATE BLVD., N.W., SUITE 400 EAST
BOCA RATON FL 33431-8512

7. Name and Address of New Registered Agent

Name
Jane Thomas
Street Address (P.O. Box Number is Not Acceptable)
217 South "O" Street
City
Lake Worth FL Zip Code
33460

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 *Jane Thomas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

A.10.01

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, 2001 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
D
DESTEFANO, LOUIS
3120 SW 14TH PLACE
BOYNTON BEACH FL 33426-9887 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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
President
Jane Thomas
217 South "O" Street
Lake Worth, FL 33460 ☐ Change ☒ Addition

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

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

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

TITLE
NAME
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)(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: *Jane Thomas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE
Thomas

Date

Daytime Phone #

A.10.01

CR2E034 (10/00)

0296346