

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000088386**

1. Entity Name

**HEALTH STREAM DISTRIBUTORS, INC.**

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

05-13-2002 90109 048 \*\*\*150.00

Principal Place of Business

**217 SOUTH "O" STREET  
LAKE WORTH FL 33460**

Mailing Address

**217 SOUTH "O" STREET  
LAKE WORTH FL 33460**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0879380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THOMAS, JANE  
217 SOUTH "O" STREET  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name  
**Jane DeCoursey**

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

*Jane Thomas as Jane DeCoursey 4.24.02*

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 **P**  
NAME **THOMAS, JANE**  
STREET ADDRESS **217 SOUTH "O" STREET**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 DeCoursey 4.24.02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)