


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90354 032 \*\*\*150.00

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<b>DOCUMENT #</b> P99000006637	
<b>1. Entity Name</b> FLORIDA INSTITUTE FOR INTEGRATED YOGA STUDIES IN C.	

<b>Principal Place of Business</b> 8509 N 29TH ST. TAMPA FL 33604	<b>Mailing Address</b> 8509 N 29TH ST. TAMPA FL 33604
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3555308	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<del>MOCLAIN, MARGARET</del> <del>8509 N 29TH ST.</del> <del>TAMPA FL 33604</del>	Name <u>William M. Holland, Jr.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4815 East Busch Blvd.</u> <u>Suite 101</u> City <u>TAMPA</u> FL <u>33617</u>

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE William M. Holland Jr. William M. Holland Jr. 4/28/03  
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>D.</u> NAME <u>MOCLAIN, MARGARET</u> STREET ADDRESS <u>8509 N 29TH STREET</u> CITY-ST-ZIP <u>TAMPA FL 33604</u> <input checked="" type="checkbox"/> Delete		TITLE <u>D.P.</u> NAME <u>ELIZABETH HOLLAND</u> STREET ADDRESS <u>8509 N. 29th Street</u> CITY-ST-ZIP <u>TAMPA, FL 33604</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE <u>D.S.</u> NAME <u>William M. Holland, III</u> STREET ADDRESS <u>1806 N. CLUB CT.</u> CITY-ST-ZIP <u>TAMPA, FL 33612</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Elizabeth G. Holland ELIZABETH G. HOLLAND 4/28/03 (813) 932-5456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)