

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022990

1. Entity Name

NATURALLY MADE, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90060 019 ***150.00

Principal Place of Business

Mailing Address

412 GREENBRIAR AVE.
 CELEBRATION FL 34747

412 GREENBRIAR AVE.
 CELEBRATION FL 34747-4643

2. Principal Place of Business

3. Mailing Address

4303 VINELAND RD

4303 VINELAND ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FL

FL

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3567333

Applied For

Not Applicable

Zip

Country

32811

Zip

Country

32811

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

LEFKOWITZ, IVAN M ESQ.
 430 N. MILLS AVE.
 ORLANDO FL 32803

Name

BOB OLIVER

Street Address (P.O. Box Number is Not Acceptable)

4303 VINELAND RD F-6

City

ORLANDO, FL

FL

Zip Code

32811

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

2/8/00

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	PTD	<input type="checkbox"/> Delete
NAME	OLIVER, ROBERT N	
STREET ADDRESS	412 GREENBRIAR AVE.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	OLIVER, MOUNTREY O	
STREET ADDRESS	412 GREENBRIAR AVE.	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4303 VINELAND RD, suite F6	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4303 VINELAND ROAD Suite F6	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

2/8/00

Date

407 564-1660

Daytime Phone #

CR2E034 (9/99)