

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90062 031 \*\*\*150.00

**DOCUMENT # P99000027453**

1. Entity Name

**MEN'S HEALTH CENTRE OF NORTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

~~6349 BEACH BLVD.~~  
 JACKSONVILLE FL 32216

~~6349 BEACH BLVD.~~  
 JACKSONVILLE FL 32216

2. Principal Place of Business

**5569 Bowden Rd. suite - 7** **Same**

3. Mailing Address

Suite, Apt. #, etc.

**5569-7**

City & State  
**Jacksonville**

City & State  
**Fla.**

4. FEI Number

**59-3562899**

Applied For

Not Applicable

Zip

Country

**32216**

**U.S.A.**

Zip

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCARVEY, CAROL**

~~6349 BEACH BLVD.~~  
 JACKSONVILLE FL 32216

Name

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

**5569-7 Bowden Rd.**

City

**Jacksonville**

FL

Zip Code

**32216**

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

*Carol Scarvey*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Carol Scarvey	14203 Pine Island Dr.	Jacksonville, Fla, 32224		
V	James Thomas Jr.	7901 Baymeadows Cir. E #412	Jacksonville, Fla 32256		

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:

*Carol Scarvey*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-00**

Date

**904-733-3200**

Daytime Phone #

CR2E034 (9/99)