

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053911

1. Entity Name

ALTERNATIVE MEDICINE ALLIANCE CORPORATION

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90025 013 ***150.00

Principal Place of Business

2323 CURLEW RD., STE. 7E
PALM HARBOR FL 34683

Mailing Address

2323 CURLEW RD., STE. 7E
PALM HARBOR FL 34683-6832

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3588208

Applied For

Not Applicable

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

JACOBSON, CHARLES J
2323 CURLEW RD., STE. 7E
PALM HARBOR FL 34683

Name

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

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, 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 PD ☐ Delete
NAME HOLLSTROM, GREG D.C.
STREET ADDRESS 11444 SEMINOLE BLVD.
CITY-ST-ZIP LARGO FL 33778

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

TITLE VD ☐ Delete
NAME JONES, RODERICK
STREET ADDRESS 550 NINTH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703

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

TITLE STD ☐ Delete
NAME JACOBSON, CHARLES J
STREET ADDRESS 2323 CURLEW RD., STE. 7E
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE D ☐ Delete
NAME HOLLSTROM, KATHY
STREET ADDRESS 11444 SEMINOLE BLVD.
CITY-ST-ZIP LARGO FL 33778

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

TITLE D ☐ Delete
NAME JONES, DENNIS D.C.
STREET ADDRESS 5500 NINTH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE D ☐ Change ☒ Addition
NAME Dunn, H. Joseph, Jr.
STREET ADDRESS 390 9th Ave. N.
CITY-ST-ZIP Jacksonville, FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Dautel, James W.
STREET ADDRESS 784 Blanding Blvd., Suite 106
CITY-ST-ZIP Orange Park, FL 32065

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

Charles Jacobson, Sec/Treas 3/6/00 727-785-

Date

Daytime Phone #

9800

CR2E034 (9/99)