

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061407

1. Entity Name

NUTRITION FIRST OF SOUTH FLORIDA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90011 028 ***150.00

Principal Place of Business

Mailing Address

~~22H LEXINGTON LANE W~~
PALM BEACH GARDENS FL 33418

~~22H LEXINGTON LANE W~~
PALM BEACH GARDENS FL 33418-8211

7100 Fairway Dr. #52

7100 Fairway Dr. #52

2. Principal Place of Business

3. Mailing Address

7100 Fairway Dr.

7100 Fairway Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#52

#52

City & State

City & State

Palm Beach Gardens, FL

Palm Beach Gardens, FL

Zip

Country

Zip

Country

33418

USA

33418

4. FEI Number

Applied For

65-0934604

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

7. Name and Address of New Registered Agent

SAUERBERG, ERIC M
712 US HWY ONE #400
N PALM BEACH FL 33408

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 ☐ Delete
NAME D
STREET ADDRESS GOOLKASIAN, DAWN
CITY-ST-ZIP 22H LEXINGTON LANE W
PALM BEACH GARDENS FL 33418

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/28/00

CR2E034 (9/99)