

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066695

1. Entity Name

ALTERNATIVE HEALTH CARE, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90265 012 ***150.00

Principal Place of Business

175 WEST BROADWAY STREET
OVIEDO FL 32765

Mailing Address

175 WEST BROADWAY STREET
OVIEDO FL 32765

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 622192

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

OVIEDO, FLORIDA

Zip

32742

Country

Seminole

4. F-I Number

59-3591245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POOLE, WILLIAM F IV
200 E. ROBINSON STREET
SUITE 1180
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City

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 if applicable

(NOTE: Registered Agent's signature is required when registering)

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, 2001 Fee will be \$650.00
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

TITLE	D	☐ Delete
NAME	DRYBURG, THOMAS A	
STREET ADDRESS	175 WEST BROADWAY STREET	
CITY-STATE-ZIP	OVIEDO FL 32765	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

Daytime Phone #

CR2E034 (10/00)