

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90006 015 \*\*\*150.00

**DOCUMENT # P99000086133**

1. Entity Name

**ALTERNATIVE HEALTH INSTITUTE, INC.**

Principal Place of Business

Mailing Address

**901 DUNOLD PASS ROAD  
 JUPITER FL 33458**

**6516 WOODLAKE ROAD  
 JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address

*901 Donald Ross Rd  
 Suite, Apt. #, etc.  
 Juno Beach, FL*

*901 Donald Ross  
 Suite, Apt. #, etc.  
 Juno Beach, FL*

City & State

City & State

Zip  
*33458*

Country

*USA*

Zip

*33458*

Country

*USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEFFER, NICOLAS R  
 6516 WOODLAKE ROAD  
 JUPITER FL 33458**

Name

*Same agent as before*

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.

*Nick Sheffer*

*Same agent - myself*

(NOTE: Registered Agent signature required when reinstating)

DATE

*04/25/01*

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 \$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	<b>D</b> <b>SHEFFER, NICOLAS R</b> <b>6516 WOODLAKE ROAD</b> <b>JUPITER FL 33458</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLINS, JAMES E</b> <b>2804 28TH COURT</b> <b>JUPITER FL 33477</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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

*Nick Sheffer*

Date

*04/25/01*

Daytime Phone #

*561-744-6797*

CR2E034 (10/00)