

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #, P99000100541

1. Entity Name

FAMILYHEALTHDIRECT.COM, INC.

Principal Place of Business

8102 COLONIAL VILLAGE DRIVE  
#108  
TAMPA FL 33625

Mailing Address

8102 COLONIAL VILLAGE DRIVE  
#108  
TAMPA FL 33625

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

59-3609473

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	PD MILLER, JOHN A 8102 COLONIAL VILLAGE DRIVE TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KUSHNER, STEVE 8102 COLONIAL VILLAGE DRIVE TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICCO, KIM 8102 COLONIAL VILLAGE DRIVE TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUSHNER, PATTI 8102 COLONIAL VILLAGE DRIVE TAMPA FL 33625	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> 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

Date

Daytime Phone #

FILED  
Aug 08, 2000 8:00 am  
Secretary of State

07-18-2000 90018 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 15/00