

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90059 011 \*\*\*150.00

**DOCUMENT # S27210**

1. Entity Name  
**LOVE WHOLEFOODS, INC.**

Principal Place of Business

**286 N. NOVA ROAD  
 #201  
 ORMOND FL 32174  
 US**

Mailing Address

**286 N. NOVA ROAD  
 #201  
 ORMOND FL 32174  
 US**



2. Principal Place of Business

**275 Williamson Blvd.**  
 Suite, Apt. #, etc.

3. Mailing Address

**275 Williamson Blvd.**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**ORMOND BEACH, FL.**

City & State

**ORMOND BEACH FL.**

4. FEI Number

**59-3094175**

Applied For

Not Applicable

Zip

**32174**

Country

**USA**

Zip

**32174**

Country

**USA**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BOOTH, MITCHELL E.  
 3981 ACOMA DRIVE  
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

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

*Mitchell E. Booth*

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, 2002 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 BOOTH, MITCHELL E.  
 3981 ALCOMA DRIVE  
 ORMOND FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD  
 BOOTH, ANITA-MELANIE  
 3981 ALCOMA DRIVE  
 ORMONDO FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VICE PRESIDENT  
 MITCHELL E BOOTH  
 3981 ALCOMA DRIVE  
 ORMOND BEACH, FL 32174** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PRESIDENT  
 ANITA-MELANIE BOOTH  
 3981 ALCOMA DRIVE  
 ORMOND BEACH, FL 32174** ☒ Change ☐ Addition

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

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

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

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

*Anita-Melanie Booth*  
**PRESIDENT**

Date

**01.12.02**

Daytime Phone #

**386-677-5236**

CR2E034 (9/01)