

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43025

1. Entity Name

HEALTHSTYLE MANAGEMENT CO., INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90019 005 ***550.00

Principal Place of Business

3800 S. OCEAN DRIVE
 SUITE 1112A
 HOLLYWOOD FL 33019
 US

Mailing Address

3800 S. OCEAN DRIVE
 SUITE 1112A
 HOLLYWOOD FL 33019
 US

2. Principal Place of Business

6001 N. Ocean Dr
 Suite, Apt. #, etc.
 Apt 1101
 City & State
 Hollywood FL
 Zip
 33019 Country
 USA

3. Mailing Address

6001 N. Ocean Dr
 Suite, Apt. #, etc.
 Apt 1101
 City & State
 Hollywood FL
 Zip
 33019 Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0257307

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTMAN, CHARLES B.
 8751 WEST BROWARD BLVD.
 SUITE 303
 PLANTATION FL 33324

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

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	NOBLE, DOUGLAS B.	
STREET ADDRESS	25 JUNIPER RD.	
CITY-ST-ZIP	SHARON MA 02167	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLANK, MARJORIE J.	
STREET ADDRESS	3800 S. OCEAN DR. #1112A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSOW, LEE S.	
STREET ADDRESS	2275 S. OCEAN BLVD., 305S	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	40 Battery St, Unit 309	
CITY-ST-ZIP	Boston MA 02109	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6001 N. Ocean Dr. Apt 1101	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(f), 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:

Richard B. Noble
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00
 Date

Daytime Phone #

CR2E034 (5/00)