

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S88737**

1. Entity Name

WHOLISTIC HEALTH CLINIC, INC.

Principal Place of Business

**2030 BISPHAM ROAD
SARASOTA FL 34231**

Mailing Address

**2030 BISPHAM ROAD
SARASOTA FL 34231-5599**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**LEWIS, KURT F.
6624 GATEWAY AVENUE
SARASOTA FL 34231****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 \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	LINKOFF, ALAN J.	
STREET ADDRESS	1820 WOODHAVEN CIRCLE	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		

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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)(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

ALAN J. LINKOFF**1/6/2000**

Date

941 924 1413

Daytime Phone #

**FILED
Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90070 008 ***150.00

A0004993

DO NOT WRITE IN THIS SPACE