

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V50769

1. Entity Name

NATURE'S WAY FRANCHISING GROUP, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90025 022 \*\*\*150.00

Principal Place of Business

Mailing Address

19944 U.S. HIGHWAY ONE

TEQUESTA FL 33469

US

19944 U.S. HIGHWAY ONE

TEQUESTA FL 33469

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

Zip

Country

Zip

Country

4. FEI Number

65-0353206

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

SPINA KAREN M

19944 US 1

TEQUESTA FL 33469

Name

KAREN M. SPINA

Street Address (P.O. Box Number is Not Acceptable)

19944 SCRIMSHAW WAY

City

TEQUESTA

FL

Zip

33469

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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SPINA, KEVIN M	
STREET ADDRESS	2715 MEADOWLARK LAN	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPINA, KEITH M	
STREET ADDRESS	245 MURRAY RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	T	<input type="checkbox"/> Delete
NAME	SPINA, KAREN M	
STREET ADDRESS	19944 SCRIMSHAW WAY	
CITY-ST-ZIP	TEQUESTA FL 33460	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT-SPINA, CARLYE	
STREET ADDRESS	245 MURRAY RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 #

KAREN M SPINA, TR 4-25-00

561-533-9100