

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90157 039 ****61.25

DOCUMENT # **NO1000006777**

1. Entity Name

Inclendon Wellness Institute, Inc.

DO NOT WRITE IN THIS SPACE

B0139462

2. Principal Place of Business

Lois Pope Life Center

Suite, Apt. #, etc.

1095 NW 14th Terrace Room 113

City & State

Miami, FL

Zip

33136

Country

US

3. Mailing Address

3810 NW 91st Terrace

Suite, Apt. #, etc.

City & State

Sunrise, FL

Zip

33351

Country

US

4. FEI Number

65-1144007

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Thomas Inclendon**

Street Address (P.O. Box Number Is Not Acceptable)
3810 NW 91st Terrace

City

Sunrise

FL

Zip Code

33351

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 Thomas Inclendon, Thomas Inclendon, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/15/02

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Thomas Inclendon 3810 NW 91st Terrace Sunrise, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Karen Herish 2117 Pinchurst Way Coral Springs, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lori Gross 3810 NW 91st Terrace Sunrise, FL 33351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dale Herish 2117 Pinchurst Way Coral Springs, FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Douglas Kalman 5093 SW 153rd Terrace, Davie, FL 33331 Davie, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Patrick Jacobs 15550 SW 152nd Terrace Miami, FL 33187	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Inclendon, Thomas Inclendon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/02

Date

954-577-0689

Daytime Phone #

CR2E037B (12/01)

Attachment

No 1000006777

September 15, 2002

Thomas Incledon
Incledon Wellness Institute, Inc.
3810 NW 91st Terrace
Sunrise, FL 33351
954-577-0689 office
954-533-0614 fax

Division of Corporations
Uniform Business report Filings
P. O. Box 1500
Tallahassee, FL 32032-1500

To Whom It May Concern:

Please accept the attached UBR. We did not receive a notice for filing the UBR. Please note the address change.

Enclosed please find a check for \$61.25.

If you have any questions please contact Thomas Incledon at 954-577-0689.

Sincerely,

Thomas Incledon