

**2001 UNIFORM BUSINESS REPORT (UBI)**

**FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

0101986 AV

DOCUMENT # **H37760**

1. Entity Name  
**TOTAL FITNESS, INC.**

08-08-2001 90004 023 \*\*\*150.00

Principal Place of Business <b>C/O DEAN COSGROVE</b> <b>1888 ALT. 19 SOUTH</b> <b>TARPON SPGS. FL 34689-9615</b>	Mailing Address <b>C/O DEAN COSGROVE</b> <b>1888 ALT. 19 SOUTH</b> <b>TARPON SPGS. FL 34689-9615</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2508893</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>COSGROVE, DEAN</b> <b>1888 ALT. 19 SOUTH</b> <b>TARPON SPGS. FL 33589</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COSGROVE, DEAN</b>			NAME			
STREET ADDRESS	<b>23 CITRUS DR</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PALM HARBOR FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NICHOLAS, GEORGE</b>			NAME			
STREET ADDRESS	<b>1607 GULF ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>			CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GILLS, JAMES</b>			NAME			
STREET ADDRESS	<b>512 DRIFTWOOD CIRCLE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/01)



ATTACHMENT  
A0080428

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

H37760



TOTAL FITNESS, INC. 3-98  
DEPARTMENT OF STATE

4/19/01

4481

150.00

195688

750  
245  
60.50  
#2

mailed 4/20/01  
Box

Peoples Bank-Checking

Doc # H37760

786 6677

150.00

850-245-60  
Annual  
Report  
was sent  
when  
sent  
via  
cr

PRESORTED  
FIRST-CLASS MAIL  
U.S. POSTAGE PAID  
FLORIDA DIVISION OF CORPORATIONS  
4453



ATTACHMENT  
A0080428

H37760

## HEALTH, SWIM AND WELLNESS CENTER

July 26, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: UBR, FEI 59-2508893

On April 20<sup>th</sup>, 2001, we mailed to you our 2001 Uniform Business Report with check number 4481 for \$150.00. As of today's date, our check has not cleared the bank and we have received a second UBR from your office to file by September 12, 2001.

Enclosed you will find the second UBR with a check for \$150.00 and the documentation of the first check we sent on April 20, 2001. There must have been some problem with the mailing or posting of our first report. Since we did file in a timely manner, we are sending the second report with a check for \$150.00. We will stop payment on the original check and hope that the second mailing comes to you with no further problems. If you have any questions, please contact us.

Sincerely,

Dean Cosgrove, RN, Ph.D.  
President