

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90011 033 \*\*\*150.00

**DOCUMENT # P27442**

1. Entity Name  
**ATLANTIC FITNESS CORPORATION**

Principal Place of Business

Mailing Address

**8030-1 PHILLIPS HWY  
 JACKSONVILLE FL 32256  
 US**

**1675 LAKES PKWY #109  
 LAWRENCEVILLE GA 30043-5880**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-1741673**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEATHERSBEE, WILLIAM H  
 8030-1 PHILLIPS HWY  
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name **Anthony Nicometo**

Street Address (P.O. Box Numbers Not Acceptable)

**8030-1 Phillips Hwy**

City **Jacksonville**

**FL**

Zip Code **32256**

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 **Anthony Nicometo, Manager**

DATE **4/24/00**

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

(NOTE: Registered Agent signature required when re-registering)

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  Delete  
 NAME **PT IRIZARRY, RODNEY J.**  
 STREET ADDRESS **2369 WALKER DR**  
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VS IRIZARRY, DIANE Y.**  
 STREET ADDRESS **2369 WALKER DR**  
 CITY-ST-ZIP **LAWRENCEVILLE GA 30043**

Change  Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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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: **William H. Weathersbee**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/24/00**

DAYTIME PHONE # **770-995-5499**

CR2E034 (9/99)