

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 10, 2000 8:00 am
Secretary of State

04-18-2000 90170 014 ***158.75

DOCUMENT # P95000028611

1. Entity Name

ATHLETE'S CHOICE FITNESS CENTER, INC.

Principal Place of Business

12425 N MAIN ST
 JACKSONVILLE FL 32218
 US

Mailing Address

11353 EMUNESS RD.
 JACKSONVILLE FL 32218-4184

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3306138**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

OTTO, BRENDA G
11353 EMUNESS RD
JACKSONVILLE FL 32218

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T	<input type="checkbox"/> Delete
NAME	RAE OTTO, KIRSTEN	
STREET ADDRESS	11353 EMUNESS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVAN OTTO, TIFANY	
STREET ADDRESS	11353 EMUNESS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	C	<input type="checkbox"/> Delete
NAME	NOLAN, VIRGINIA	
STREET ADDRESS	9133 JOOS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	DURHAM, JULIE	
STREET ADDRESS	11238 EMUNESS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENDA GAIL OTTO	
STREET ADDRESS	11353 EMUNESS RD	
CITY-ST-ZIP	JAX. FL. 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALFREDINE MUSIC	
STREET ADDRESS	1228 GLENN DRIVE	
CITY-ST-ZIP	JAX. FL. 32218	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA GAIL OTTO	
STREET ADDRESS	11353 EMUNESS RD.	
CITY-ST-ZIP	JAX. FL. 32218	
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: BRENDA GAIL OTTO **BRENDA GAIL OTTO** 3-28-00 **(904) 696-0905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)