

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

0017452

DOCUMENT # P95000028611

03-12-2001 90501 027 \*\*\*158.75

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3306138**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**OTTO, BRENDA G  
 11353 EMUNESS RD  
 JACKSONVILLE FL 32218**

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 \_\_\_\_\_  
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, 2001 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

T  
 TITLE NAME  Delete  
**RAE OTTO, KIRSTEN**  
 STREET ADDRESS  
**11353 EMUNESS RD**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32218**

S  
 TITLE NAME  Change  Addition  
**KIRSTEN Otto Hersey**  
 STREET ADDRESS  
**11346 Redne Dr. E)**  
 CITY-ST-ZIP  
**JAK. FL 32218**

S  
 TITLE NAME  Delete  
**EVAN OTTO, TIFANY**  
 STREET ADDRESS  
**11353 EMUNESS RD**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32218**

T  
 TITLE NAME  Change  Addition  
**Tiffany Evan Otto**  
 STREET ADDRESS  
**11353 Emuness Rd**  
 CITY-ST-ZIP  
**JAK. FL. 32218**

C  
 TITLE NAME  Delete  
**NOLAN, VIRGINIA--**  
 STREET ADDRESS  
**9133 JOOS RD.**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32220**

Change  Addition

MD  
 TITLE NAME  Delete  
**MUSIC, ALFREDINE**  
 STREET ADDRESS  
**1228 GLENN DRIVE**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32218**

Change  Addition

D  
 TITLE NAME  Delete  
**OTTO, BRENDA G**  
 STREET ADDRESS  
**11353 EMUNESS RD**  
 CITY-ST-ZIP  
**JACKSONVILLE FL 32218**

P  
 TITLE NAME  Change  Addition  
**BRENDA Gail Otto**  
 STREET ADDRESS  
**11353 Emuness Rd**  
 CITY-ST-ZIP  
**JAK. FL. 32218**

Delete

D  
 TITLE NAME  Change  Addition  
**SCOTT W. OTTO**  
 STREET ADDRESS  
**11353 Emuness Rd**  
 CITY-ST-ZIP  
**JAK. FL. 32218**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01  
 Date Daytime Phone #

CR2E034 (10/00)