

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-14-2001 90010 031 ****61.25

DOCUMENT # 704068

1. Entity Name

TOWN ATHLETIC CLUB, INC.

Principal Place of Business

Mailing Address

10725 NE 6TH AVE.
 MIAMI FL 33161
 US

10725 NE 6TH AVE
 MIAMI FL 33161
 US

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

59-0949880

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LEOPOLD, NORMAN
THE IVES BUILDING
20801 BISCAYNE BLVD., SUITE 501
NORTH MIAMI BEACH FL 33180

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
FAUNCE, LESTER L.
634 NE 72 TERR
MIAMI FL **D** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
LEWIS, JR., DANIEL GLEN
590 N.E. 102 STREET
MIAMI SHORES FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
FAUNCE, TERESA L.
634 NE 72 TERR
MIAMI SHORES, FL **D** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
SPRINGFELS, WILLIAM
60 NE 105 ST
MIAMI SHORES FL **XDELETE** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
ROBERT CARROLL
1596 NW 110 TERR
MIAMI FL 33161 **D** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature RELESEFAUNCE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-01 305 751 9539
 Date Daytime Phone #

CR2E037 (10/00)