2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F07014

1. Entity Name

LA FLEUR'S GYMNASTIC CLUB, INC.

Principal	Place	of	Business	

Mailing Address

IJZII 93RD STREET NORTH `^ FL 33773

13211 93RD STREET NORTH LARGO FL 33773-1326

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

Apr 14, 2000 8:00 am Secretary of State

04-14-2000 90011 003 ***150.00



2. Principal Place of Business Suite, Apt. #, etc. City & State 3. Mailing Address Suite, Apt. #, etc. City & State										
		DO NOT WRITE IN THIS SPACE								
			4. FEI Number 59-2034334				Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired		.75 Addi Required			
	6. Name and Address of Curren	t Registered Agent		7. Name and Addr	ess of New Registe	red Age	nt			
-	. —		Name							
LAFLEUR, MIKE 13211 93RD ST N.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
LAR	30 FL 33773		City				Zip Code			
) Oity			FL				
Tax filing i	Signature, typed or printed name of registered ager oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	le FILE NOV	OTE. Registered Agent signature requiversity!!! FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of S	10. Election	campaign Financin d Contribution.	g \square		May Be to Fees		
11.	OFFICERS AN		12.		IGES TO OFFICERS	AND DII	RECTORS	IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANTIS, RICHARD 13211 93 ST. N.	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARGO FL PD LAFLEUR, MICHAEL 13211 93 ST N. LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ē	Change	Addition		
TIŤLĒ NAME STREET ADDRESS CITY-ST-ZIP	VD LAFLEUR, MELODY 13211 93 ST N. LARGO FL	☐ Delete	TITLE	-			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LA FLEUR, BARBARA L 1071 DONEGAN RD. #1456 LARGO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		***		Change	Addition		

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

Change