2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

AME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F53729 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name NATURE'S WAY EXERCISE CLUB, INC. 04-21-2000 90155 004 ***150.00 Principal Place of Business Mailing Address ---- S US #1 D-5 2814 \$ US #1 D5 FT PIERCE FL 34982 i PIERCE FL 34982 us 2. Principal Place of Business 3. Mailing Address 021 2710<u>5,</u> DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2137056 iercc Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SETTLE, MARY E. 2814 S US #1 D-5 FT PIERCE FL 34982 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE SETTLE, MARY E. NAME STREET ADDRESS STREET ADDRESS 2814 SO US #1 D-5 t. Pierce Fla. 34982 CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Delete TITLE Leis, Debra L NAME NAME STREET ADDRESS STREET ADDRESS 2814 S US #1 D-5 CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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