2001 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # F53729** 1. Entity Name NATURE'S WAY EXERCISE CLUB, INC. 04-13-2001 90050 017 ***150.00 Principal Place of Business Mailing Address 2814 S US #1 D-5 2814 S US #1 D5 POOPEOUN FT PIERCE FL 34982 FT PIERCE FL 34982 2. Principal Place of Business 4 1 3. Mailing Address 2710 5. U 5#/ Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2137056 Not Applicable \$8.75 Additional 5.: Certificate of Status Desired Fee Required 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 (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) _____ -Make Check Payable to:Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE NAME NAME SETTLE, MARY E. STREET ADDRESS STREET ADDRESS 2814 SO US #1 D-5 CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 ☐ Addition ☐ Delete TITLE TITLE NAME NAME LEIS, DEBRA L STREET ADDRESS STREET ADDRESS 2814 S US #1 D-5 CITY-ST-ZIP CITY-ST-ZIP FT PIERCE, FL 00000 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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.