

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006007

1. Entity Name
ICON HEALTH & FITNESS, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90006 040 ***550.00

Principal Place of Business
1500 S. 1000 W.
ATTN: TAX DEPT.
LOGAN UT 84321

Mailing Address
PO BOX 465
LOGAN VT 84323-0465

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 87-0531206 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
NAME STEVENSON, GARY
STREET ADDRESS 1500 SOUTH 100 WEST
CITY-ST-ZIP LOGAN UT 84321 ☐ Delete

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

TITLE S
NAME BEARNSON, BRAD H
STREET ADDRESS 1500 SOUTH 100 WEST
CITY-ST-ZIP LOGAN UT 84321 ☒ Delete

TITLE S
NAME Charles M. Alley
STREET ADDRESS 1500 South 1000 West
CITY-ST-ZIP Logan UT 84321 ☒ Change ☐ Addition

TITLE DV
NAME BRENCHLEY, LYNN
STREET ADDRESS 1500 SOUTH 100 WEST
CITY-ST-ZIP LOGAN UT 84321 ☐ Delete

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

TITLE CFOD
NAME BECK, FRED
STREET ADDRESS 1500 SOUTH 100 WEST
CITY-ST-ZIP LOGAN UT 84321 ☐ Delete

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

TITLE CEO
NAME WATTERSON, SCOTT
STREET ADDRESS 1500 SOUTH 100 WEST
CITY-ST-ZIP LOGAN UT 84321 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/2000

Date

435-750-5000

Daytime Phone #

08/14/2000