

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # G71107**1. Entity Name
STAYIN' ALIVE FITNESS CENTERS, INC.Principal Place of Business
6185 JOG RD
LAKE WORTH FL 33467
USMailing Address
6185 JOG RD
LAKE WORTH FL 33467
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

59-2571244

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUBSCHER, DONNA ANDREA
6185 JOG RD

LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

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)

04/26/2001

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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

TITLE S ☐ Delete
NAME BUTLER, BRANT A.
STREET ADDRESS 6870 HAMMOCK LANE
CITY-ST-ZIP W PALM BCH. FLTITLE VP ☐ Delete
NAME HUBSCHER, TAYLOR M.
STREET ADDRESS 1027 10TH WAY
CITY-ST-ZIP WEST PALM BEACH FLTITLE V ☐ Delete
NAME HUBSCHER, BONNIE J.
STREET ADDRESS 171 LAKE ARBOR DR
CITY-ST-ZIP PALM SPRINGS FLTITLE T ☐ Delete
NAME HUBSCHER, DONNA ANDREA
STREET ADDRESS 1014 MANOR DRIVE
CITY-ST-ZIP PALM SPRINGS FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Change ☐ Addition
NAME BUTLER BRANT AS
STREET ADDRESS 6870 HAMMOCK LANE
CITY-ST-ZIP W PALM BCH. FL 33411TITLE VP ☒ Change ☐ Addition
NAME HUBSCHER TAYLOR MVP
STREET ADDRESS 1027 10TH WAY
CITY-ST-ZIP WEST PALM BEACH FL 33407TITLE VP ☒ Change ☐ Addition
NAME HUBSCHER BONNIE JVP
STREET ADDRESS 171 LAKE ARBOR DR
CITY-ST-ZIP PALM SPRINGS FL 33461TITLE P/T ☒ Change ☐ Addition
NAME HUBSCHER DONNA AP/T
STREET ADDRESS 1014 MANOR DRIVE
CITY-ST-ZIP PALM SPRINGS FL 33461TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: BRANT A. BUTLER

S

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)