

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90398 018 ***150.00

DOCUMENT # J41879

1. Entity Name

BALLY'S FITNESS AND RACQUET CLUBS, INC.



Principal Place of Business
**8700 W. BRYN MAWR AVENUE
2ND FLOOR. TAX DEPT.
CHICAGO IL 60631**

Mailing Address
**8700 W. BRYN MAWR AVENUE
2ND FLOOR. TAX DEPT.
CHICAGO IL 60631**

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

36-3496461

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HILLMAN, LEE S
8700 W. BRYN MAWR AVENUE
CHICAGO IL 60631** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCOO
TOBACK, PAUL A
8700 W. BRYN MAWR AVENUE
CHICAGO IL 60631** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, CEO, Chairman ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DWYER, JOHN W
8700 W. BRYN MAWR AVENUE
CHICAGO IL 60631** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GAAN, CARY A
8700 W. BRYN MAWR AVENUE
CHICAGO IL 60631** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary, Senior VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
PANELLI, WILLIAM M
8700 W. BRYN MAWR AVENUE
CHICAGO IL 60631** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Senior VP
Panelli, William** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Secretary
Ronald E. Siegel
8700 W. Bryn Mawr Ave
Chicago, IL 60631** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)