

# 2600 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # K56992

1. Entity Name

BODY DESIGN FITNESS CENTER, INC.

FILED

00 SEP -7 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

4050 WEST S.R. 46  
SANFORD FL 32771  
US

4050 WEST S.R. 46  
SANFORD FL 32771  
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

59-2923183

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

TERWILLIGER, HARVEY  
23120 DERBY DRIVE  
SORRENTO FL 32776

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code: 32776

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME

STREET ADDRESS

CITY - ST - ZIP

S  
TERWILLIGER, AILEEN  
25120 DERBY DRIVE  
SORRENTO FL

☐ Delete

TITLE

NAME  
STREET ADDRESS

CITY - ST - ZIP

PT  
TERWILLIGER, HANEY  
25120 DERBY DRIVE  
SORRENTO FL

☐ Delete

TITLE

NAME  
STREET ADDRESS

CITY - ST - ZIP

VP  
TERWILLIGES, ALLEN  
25120 DERBY DRIVE  
SORRENTO FL 32776

☐ Delete

TITLE

NAME  
STREET ADDRESS

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TITLE

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STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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

DATE

DAYTIME PHONE #

CR2E034 (9/99)

KE

August 31, 2000

Florida Department of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee FL 32314

Re: Platinum Gym, Inc. - Reference Number P99000013648

Dear Annual Reports Section:

I recieved a letter from you in June of 2000 asking for additional information on our annual report. I filled out the additional information and mailed it back to you the end of June 2000. I then recieved a second notice to file the return by Septmeber 13, 2000. I called your office and was told that you do not have the information I sent you and to write a letter to you with a copy of the information I sent(enclosed is a copy of the information). The check I sent was to pay for Platinum Gym, Inc. and Body Design Fitness Center, Inc. which I have also recieved a second notice. If you have any questions please call me at 352-357-4607.

Sincerely,



Harvey Terwilliger