

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90390 028 ***150.00

DOCUMENT # K66665

1. Entity Name
BAY HILL ATHLETIC CLUB, INC.

Principal Place of Business

4732-A S. KIRKMAN RD.
 ORLANDO FL 32811
 US

Mailing Address

280 ST. RD 43A
 #1049
 ALTAMONTE SPRINGS FL 32714
 US

2. Principal Place of Business

3. Mailing Address

4732 S. KIRKMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ORLANDO, FL

4. FEI Number **59-2943021**

Applied For
 Not Applicable

Zip

Country

Zip
32811

Country

ORANGE

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

**PALLUCK, BERNARD F.
 102 SWEETWATER CLUB BLVD.
 LONGWOOD FL 32779**

Name **PATTI JOHNSON**

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

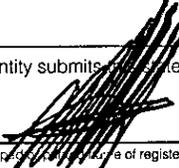
8541 CEDAR COVE DR.

City **ORLANDO**

FL

Zip Code **32819**

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 

4-17-01

Signature, type or print the 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, 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

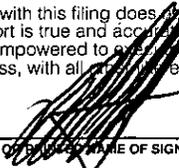
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLUCK, BERNARD F 102 SWEETWATER CLUB BLVD LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, WENDY 6118 GAMBLE DRIVE ORLANDO FL	<input type="checkbox"/> Delete OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PALLUCK EDDIE M. 102 SWEETWATER CLUB BLVD LONGWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAM, CAROL 1440 ANDERSON ST. DELTONA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAHN, MARESSA 8203 CHELSWORTH DRIVE ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEARON, LISA 1162-A PASEO DEL MAR CASSELBERRY FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATRICIA JOHNSON 8541 CEDAR COVE DR. ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 file 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 persons empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2001 Date **407 293-9700** Daytime Phone #

CR2E034 (10/00)