

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004896

1. Entity Name
NORTHEND ATHLETIC CLUB, LLC

FILED

01 JUL -2 AM 8:47

Principal Place of Business
16890 122ND DRIVE NORTH
JUPITER FL 33478

Mailing Address
16890 122ND DRIVE NORTH
JUPITER FL 33478

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
506 S. FEDERAL HIGHWAY

3. Mailing Address
506 S. FEDERAL HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

SUITE 202

City & State

City & State

STUART, FL

STUART, FL

4. FEI Number

231-15-1954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KINGSLEY, GARY P
16890 122ND DRIVE NORTH
JUPITER FL 33478

7. Name and Address of New Registered Agent

Name
MARK BRECHBILL

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

506 S. FEDERAL HIGHWAY

SUITE 202

City
STUART

FL

Zip Code
34994

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 MARK BRECHBILL CPA

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

[Signature], CPA

(NOTE: Registered Agent signature required when reinstating)

6/26/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004476960--2

--07/16/01--01044--017

*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
GARY P. KINGSLEY
7371 HALLCREST DR.
MCLEAN VA 22102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
GARY P. KINGSLEY
7371 HALLCREST DR.
MCLEAN VA 22102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
MARK BRECHBILL
506 S. FEDERAL HIGHWAY #202
STUART, FL 34994 ☐ Change ☒ Addition

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK BRECHBILL, MANAGER

6/26/01

(561) 220-3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0027384 AF

CR2E083 (11/00)