

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000005920**1. Entity Name  
**LIFESTYLE FAMILY FITNESS, LLC**

Principal Place of Business THE KRESS BUILDING, SUITE M-8 475 CENTRAL AVENUE ST. PETERSBURG FL 33701	Mailing Address THE KRESS BUILDING, SUITE M-8 475 CENTRAL AVENUE ST. PETERSBURG FL 33701
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2. Principal Place of Business THE KRESS BUILDING, SUITE M-8	3. Mailing Address THE KRESS BUILDING, SUITE M-8
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Suite, Apt. #, etc. 475 CENTRAL AVENUE	Suite, Apt. #, etc. 475 CENTRAL AVENUE
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City & State ST. PETERSBURG FL	City & State ST. PETERSBURG FL
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Zip 33701	Country US	Zip 33701	Country US
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4. FEI Number  
**59-3653905**

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 MASCARA ERNEST L THE KRESS BUILDING, SUITE M-8 475 CENTRAL AVENUE ST. PETERSBURG FL 33701 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE **02/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LASHER STUART G 339 SOUTH PLANT AVENUE TAMPA FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMMONS JOHN 339 SOUTH PLANT AVENUE TAMPA FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRIGHT TODD 1000 112TH CIRCLE NORTH, SUITE 100 ST. PETERSBURG FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DYER GEOFFREY A 1000 112TH CIRCLE NORTH, SUITE 100 ST. PETERSBURG FL 33716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASCARA ERNEST L 475 CENTRAL AVENUE, SUITE M-8 ST. PETERSBURG FL 33701 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **GEOFFREY A. DYER** MGR 02/27/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)