

2001 UNIFORM BUSINESS REPORT (UBR)

0014057 AF

DOCUMENT # L00000006850

1. Entity Name

ROYAL HEALTH & FITNESS CENTER, L.C.

FILED

01 MAR -9 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411	Mailing Address 675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 Royal Palm Beach Blvd.	3. Mailing Address 300 Royal Palm Beach Blvd.
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Suite, Apt. #, etc. Royal Palm Beach, FL	Suite, Apt. #, etc.
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City & State Royal Palm Beach, FL	City & State Royal Palm Beach, FL
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4. FEI Number 65-1016842	Applied For <input type="checkbox"/> Not Applicable
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Zip 33411	Country USA	Zip 33411	Country USA
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, ROBERT D ESQ.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

Name Christopher R. Santamaria, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 505 Royal Palm Beach Blvd.
Royal Palm Beach, FL 33411
City Royal Palm Beach, FL
Zip Code 33411

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 Christopher R. Santamaria

(NOTE: Registered Agent signature required when reinstating)

03/07/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003891288--9
-03/21/01--01112--005
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROYAL PALM BEACH SHOPPING PLAZA & MEDICAL 675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Christopher R. Santamaria
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/07/01 (561) 792-0704

Date

Daytime Phone #

CR2E083 (11/00)