

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90090 031 *****55.00

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DOCUMENT # L00000008041

1. Entity Name

CHILDREN'S FITNESS CENTER, L.L.C.

Principal Place of Business

7512 DR. PHILLIPS BLVD., #110
 ORLANDO FL

Mailing Address

1100 ABERDOREY POINTE
 HEATHROW FL 32746

2. Principal Place of Business

7512 Dr Phillips Blvd

Suite, Apt. #, etc.

#110

3. Mailing Address

1100 Aberdorey

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Heathrow, FL

4. FEI Number **NOT APPLICABLE**

Applied For
 Not Applicable

Zip

32819

Country

USA

Zip

32746

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARGROVE, CHARLES D ESQ.
 801 N. MAGNOLIA AVENUE, STE 402
 ORLANDO FL 32803-3851

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

CEO
 KEATING, PATRICIA
 1100 ABERDOREY POINTE
 HEATHROW FL 32746

☐ Delete

TITLE
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 STREET ADDRESS
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10.

ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

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

Date

Daytime Phone #

9/1/02 407-333-0050

CR2E083 (4/02)