

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90125 044 ****50.00

DOCUMENT # L00000009050

1. Entity Name
STEVE'S FITNESS, LLC

Principal Place of Business
33 N. GARDEN AVENUE #750
CLEARWATER FL 33755

Mailing Address
33 N. GARDEN AVENUE #750
CLEARWATER FL 33755

2. Principal Place of Business
33 N. Garden Ave.
 Suite, Apt. #, etc.
#770

3. Mailing Address
P.O. Box 1348
 Suite, Apt. #, etc.

City & State
Clearwater, FL
 Zip
33755
 Country
USA

City & State
Clearwater, FL
 Zip
33757
 Country
USA

4. FEI Number **39-369266-8** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
 Fee Required

6. Name and Address of Current Registered Agent

HAYES, STEVE
33 N. GARDEN AVENUE #750
CLEARWATER FL 33755

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 _____ (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 **MEM** ☒ Delete
 NAME **POLLACK, RONALD**
 STREET ADDRESS **33 N. GARDEN AVE. #750**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE **MEM** ☐ Delete
 NAME **BLOOMBERG, STEVE**
 STREET ADDRESS **33 N. GARDEN AVENUE #750**
 CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MEM** ☐ Change ☒ Addition
 NAME **Bulldog Capital Management L.P.**
 STREET ADDRESS **33 N. Garden Ave. #770**
 CITY-ST-ZIP **clearwater FL 33755**

TITLE **MEM** ☒ Change ☐ Addition
 NAME **Bloomberg, Steve**
 STREET ADDRESS **33 N. Garden Ave, #770**
 CITY-ST-ZIP **clearwater, FL 33755**

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

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

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

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: **SIGNATURE REQUIRED** **9-4-02** **727/298-5409**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)