

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90086 024 \*\*\*\*\*55.00

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**DOCUMENT # L02000014229**

1. Entity Name

**ANDERSON FITNESS, LLC**



Principal Place of Business

Mailing Address

**2401 E. SOUTH STREET  
ORLANDO FL 32803**

**2401 E. SOUTH STREET  
ORLANDO FL 32803**

2. Principal Place of Business

**2401 E. South Street**

3. Mailing Address

**2401 E. South Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando, FL**

City & State

**Orlando, FL**

Zip

**32803**

Country

**USA**

Zip

**32803**

Country

**USA**

4. FEI Number

**41 202 55 37**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**ANDERSON, GEORGE  
2401 E. SOUTH STREET  
ORLANDO FL 32803**

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **CEO** ☐ Delete  
NAME **George Anderson**  
STREET ADDRESS **2401 E. South Street**  
CITY-ST-ZIP **Orlando, FL 32803**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**  
**Anderson**

**4-22-03**

**407 894 1272**

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

Date

Daytime Phone #

CR2E083 (10/02)