

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90001 021 \*\*\*\*50.00

**DOCUMENT # L02000015561**



**1. Entity Name**  
**FOUNTAIN FITNESS LLC**

**Principal Place of Business**

**704 SUNCREST LOOP**  
**#308**  
**CASSELBERRY FL 32707**  
**US**

**Mailing Address**

**704 SUNCREST LOOP**  
**#308**  
**CASSELBERRY FL 32707**  
**US**

**2. Principal Place of Business**

**1241 SEMORAN BLVD N**  
Suite, Apt. #, etc.

**3. Mailing Address**

**3814 CALIBRE BEND LN.**  
Suite, Apt. #, etc.  
**#1406**



☒ **CHECK HERE IF MAKING CHANGES**

**City & State**

**CASSELBERRY, FL**

**City & State**

**WINTER PARK, FL**

**4. FEI Number**

**010722580**

**Applied For**

**Not Applicable**

**Zip**

**32707**

**Country**

**USA**

**Zip**

**32792**

**Country**

**USA**

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

**6. Name and Address of Current Registered Agent**

**YOUNT, BYRON W**  
**704 SUNCREST LOOP**  
**#308**  
**CASSELBERRY FL 32707**

**7. Name and Address of New Registered Agent**

**Name**

**BYRON W. YOUNT**

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

**3814 CALIBRE BEND LN. #1406**

**City**

**WINTER PARK**

**FL**

**Zip Code**

**32792**

**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** **BYRON W YOUNT**

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

(NOTE: Registered Agent signature required when reinstating)

**FEB 8, 2003**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** **MGR** ☐ Delete  
**NAME** **YOUNT, BYRON W**  
**STREET ADDRESS** **704 SUNCREST LOOP #308**  
**CITY-ST-ZIP** **CASSELBERRY FL 32707**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** **MGR** ☒ Change ☐ Addition  
**NAME** **YOUNT, BYRON W**  
**STREET ADDRESS** **3814 CALIBRE BEND LN #1406**  
**CITY-ST-ZIP** **WINTER PARK, FL 32792**

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**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:** **BYRON W YOUNT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FEB 8, 2003** **407-595-2642**

DATE

DAYTIME PHONE #

CR2E083 (10/02)