

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000015950

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: HEALTH CLUB DEVELOPMENT, LLC

## Current Principal Place of Business:

PO BOX 916722  
LONGWOOD, FL 32791

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 916722  
LONGWOOD, FL 32791

## New Mailing Address:

718 W. MLK BOULEVARD  
SUITE 200  
TAMPA, FL 33603 US

FEI Number: 55-0789327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NELSON, G. MICHAEL  
718 W. MLK BOULEVARD  
SUITE 200  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: WHITE, JEFF  
Address: PO BOX 916722  
City-St-Zip: LONGWOOD, FL 32791

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WHITE, JEFF  
Address: PO BOX 916722  
City-St-Zip: LONGWOOD, FL 32791

Title: MGRM ( ) Change (X) Addition  
Name: NELSON, G. MICHAEL  
Address: 718 W. MLK BOULEVARD, SUITE 200  
City-St-Zip: TAMPA, FL 33603 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: G. MICHAEL NELSON

MGRM

04/28/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date