

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000003857

1. Entity Name

INERGI FITNESS FLORIDA L.L.C.

00 MAY -4 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O RADNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, SUITE 304
JUNO BEACH FL 33408-1499

Mailing Address

C/O RADNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, SUITE 304
JUNO BEACH FL 33408-1442

2. Principal Place of Business

304 Tequesta Drive

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

11

City & State

Tequesta

City & State

11

Zip

33469

Country

FLORIDA

Zip

33469

Country

FL

4. FEI Number

05-0942597

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAYNOR, JEFFREY S
RAYNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, SUITE 304
JUNO BEACH FL 33408-1499

7. Name and Address of New Registered Agent

Name: Ronald J Berman
Street Address (P.O. Box Number is Not Acceptable)

304 Tequesta Drive Suite 100

City: Tequesta

FL

Zip Code

33469

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.

SIGNATURE

R J Berman

Ronald J. Berman

4/24/00

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKEY, THOMAS J 14155 U.S. HIGHWAY ONE, SUITE 304 JUNO BEACH FL 33408-1499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, RONALD J 14155 U.S. HIGHWAY ONE, SUITE 304 JUNO BEACH FL 33408-1499	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	304 Tequesta Drive Suite 100 Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	304 Tequesta Drive Suite 100 Tequesta, FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/24/00

Date

561 745-0773

Daytime Phone #

CR2E083 (9/99)