2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006661

1. Entity Name
THE TEMPLE GYM, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:09

Principal Place of Business	Mailing Address
8074 NORTH 56TH STREET TAMPA FL 33617	8074 NORTH 56TH STREET TAMPA FL 33617-7620

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5701 E. HILLSBOROUGH	5701 E. HILLSBOROUGH
Suite, Apt. #, etc. SUITE 1228	Suite, Apt. #, etc. SUITE 1228
City & State TAMPA FL	City & State TAMPA FL
Zip 33610 Country USA	Zip 33610 Country USA

4. FEI Number 59-3604019 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WETHERINGTON, R.WADE 2625 PARK TOWER, 400 N. TAMPA STREET TAMPA FL 33602	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.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARD, MICHAEL J 8074 NORTH 56TH STREET TAMPA FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition mj 3/15/00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEAN BEARD, CHRISTOPHER 3021 STATE ROAD 59, SUITE 620 CLEARWATER FL 33759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003174941--0 -03/17/00--01093--001 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BALLARD, DANNY LEE 10002 FAWN GROVE PLACE TAMPA FL 33637	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/99)

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: MICHAEL J MARD MJ MARD 2/28/00 813 635-0222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #