

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006661**

1. Entity Name

**THE TEMPLE GYM, L.C.**

Principal Place of Business

**5701 E. HILLSBOROUGH, SUITE 1228  
TAMPA FL 33610**

Mailing Address

**5701 E. HILLSBOROUGH, SUITE 1228  
TAMPA FL 33610**

2. Principal Place of Business

**8074 N. 56th Street**

Suite, Apt. #, etc.

3. Mailing Address

**8074 N. 56th Street**

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

**Tampa, FL**

Zip

**33617**

Country

**Hillsborough**

Zip

**33617**

Country

**Hillsborough**

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

**WETHERINGTON, R.WADE**

**2625 PARK TOWER, 400 N. TAMPA STREET**

**TAMPA FL 33602**

7. Name and Address of New Registered Agent

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

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**

**700004341637-2**

**-06/05/01--01041--016**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

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

**MGR  
DEAN BEARD, CHRISTOPHER  
3021 STATE ROAD 59, SUITE 620  
CLEARWATER FL 33759**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 MAY -71 AM 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4/22/01