

2000 UNIFORM BUSINESS REPORT (UBR)

AND
FILED

00 MAY 18 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008549

1. Entity Name
HUMAN PERFORMANCE CENTER, LLC

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
c/o Barry A. Diamond, Esquire c/o Barry A. Diamond, Esq.
Suite, Apt. #, etc. Suite, Apt. #, etc.

9728 W. Sample Road 9728 W. Sample Road
City & State City & State
Coral Springs, Florida Coral Springs, Florida
Zip Country Zip Country
33065 U.S.A. 33065 U.S.A.

4. FEI Number 65-0972937 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
Barry A. Diamond, Esquire Name
Barry A. Diamond, P.A. Street Address (P.O. Box Number is Not Acceptable)
9728 W. Sample Road
Coral Springs, Florida 33065 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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager and Member <input type="checkbox"/> Delete Dr. Jeffrey I. Ender, MGRM 9728 W. Sample Road Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003285351-5 Change <input type="checkbox"/> Addition <input type="checkbox"/> -06/12/00--01113--025 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager and Member <input type="checkbox"/> Delete Michael Mentzer, MGRM 9728 W. Sample Road Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager and Member <input type="checkbox"/> Delete Barry A. Diamond, Esquire, MGRM 9728 W. Sample Road Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Lisa Ender 9728 W. Sample Road Coral Springs, Florida 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Delete Melissa Diamond 9728 W. Sample Road Coral Springs, Florida 33065	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"/> Delete	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

4/20/00 (954) 752-5000
Date Daytime Phone #

CR2E083 (11/99)