

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90085 021 \*\*\*\*\*55.00

**DOCUMENT # M01000001124**

1. Entity Name

**FITNESS FORUM SERVICES, LLC**

Principal Place of Business

**222 BRIDGE STREET  
 EAST SYRACUSE NY 13057**

Mailing Address

**222 BRIDGE STREET  
 EAST SYRACUSE NY 13057**

**929580**

2. Principal Place of Business

**231 Walton Street**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Syracuse, NY**

Zip

**13057**

Country

**USA**

3. Mailing Address

**231 Walton Street**

Suite, Apt. #, etc.

**Suite 200**

City & State

**Syracuse, NY**

Zip

**13057**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**16-1506400**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TENNENBAUM, ELAN  
 1515 NORTH FLAGLER DRIVE, SUITE 220  
 WEST PALM BEACH FL 33401**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **SMITH, JAMES H**  
 STREET ADDRESS **6021 SINGLETREE LANE**  
 CITY-ST-ZIP **JAMESVILLE NY 13078**

TITLE **MGR** ☐ Delete  
 NAME **EAGAN, MARK**  
 STREET ADDRESS **1477 COUNTY ROUTE 9**  
 CITY-ST-ZIP **FULTON NY 13069**

TITLE **MGR** ☐ Delete  
 NAME **JONES, PATRICK**  
 STREET ADDRESS **380 CEMETARY ROAD**  
 CITY-ST-ZIP **OSWEGO NY 13126**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 OF JAMES H. SMITH**

**1/18/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)