

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001203

1. Entity Name

EXERCISEWORKS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 PM 10:57

Principal Place of Business

936 SOUTH HOWARD AVENUE
TAMPA FL 33606

Mailing Address

936 SOUTH HOWARD AVENUE
TAMPA FL 33606

2. Principal Place of Business

8649 N. HIMES AVE
Suite, Apt. #, etc.
#1303

3. Mailing Address

8649 N. HIMES AVE
Suite, Apt. #, etc.
#1303

City & State

TAMPA, FL.

City & State

TAMPA, FL.

Zip

33614 USA

Zip

33614 USA

4. FEI Number

59-3535317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KALISH, WILLIAM
101 E. KENNEDY BLVD., SUITE 4100
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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
DITZIAN, KENNETH
936 SOUTH HOWARD AVENUE
TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
8649 N. HIMES AVE #1303
TAMPA, FL. 33614 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100004616681-4
-09/28/01--01062--010 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*****58.00 *****58.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 OF REGISTERED AGENT

9-20-01 81393/5354

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

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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