

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000323

1. Entity Name

Florida Fitness Services, L.L.C.  
a division of G+S Enterprises, L.L.C.

Principal Place of Business

Mailing Address

Same

(old)  
217 Seabreeze Circle  
Kissimmee, FL 34743

2. Principal Place of Business

3. Mailing Address

Same

2752 Michigan Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # 5

City & State

City & State

Kissimmee, FL

4. FEI Number

Applied For

04-330-8841

Not Applicable

Zip

Country

Zip

Country

34744

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Georgia B. Keene MGRM  
217 Seabreeze Circle  
Kissimmee, FL 34743

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

Georgia B. Keene

Member

2/1/00

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	<u>Member</u>	<input type="checkbox"/> Delete
NAME	<u>Georgia B. Keene MGRM</u>	
STREET ADDRESS	<u>217 Seabreeze Circle</u>	
CITY-ST-ZIP	<u>Kissimmee, FL 34743</u>	
TITLE	<u>Director</u>	<input type="checkbox"/> Delete
NAME	<u>Steve Murray MGRM</u>	
STREET ADDRESS	<u>P.O. Box 474</u>	
CITY-ST-ZIP	<u>Green Harbour, MA-02041</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Georgia B. Keene

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/15/00

Date

407-348-6116

Daytime Phone #

CR2E083 (11/99)