

2001 UNIFORM BUSINESS REPORT (UBR)

0023159 AF

DOCUMENT # M99000000323

1. Entity Name

FLORIDA FITNESS SERVICES, LLC

FILED

01 MAY -7 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

217 SEABREEZE CIRCLE, UNIT #5
KISSIMMEE FL 34743

Mailing Address

2752 MICHIGAN AVE.
KISSIMMEE FL 34743

2. Principal Place of Business

2752 Michigan Ave.
Suite, Apt. #, etc.
Unit # 5

3. Mailing Address

2752 Michigan Ave.
Suite, Apt. #, etc.
Unit # 5

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

Zip

34744

Country



DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number

04-3308841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEENE, GEORGIA
217 SEABREEZE CIRCLE
KISSIMMEE FL 34743

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 NO. 100004336761-3
Make Check Payable to Department of State
-05/31/01--01090-012
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KEENE, GEORGIA
217 SEABREEZE CIRCLE
KISSIMMEE FL 34743 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MURRAY, STEVE
P.O. BOX 479
GREEN HARBOUR MA 02041 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

CR2E083 (11/00)

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:

Cynthia J. Keene, Mgr. 5/1/01 407-348-6114

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

Date

Daytime Phone #