

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000000323

FILED  
Jan 14, 2002 8:00 AM  
Secretary of State

**Entity Name:** FLORIDA FITNESS SERVICES, LLC

**Current Principal Place of Business:**

2752 MICHIGAN AVE., UNIT #5  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2752 MICHIGAN AVE.  
KISSIMMEE, FL 34743

**New Mailing Address:**

2752 MICHIGAN AVE., UNIT #5  
KISSIMMEE, FL 34743

**FEI Number:** 04-3308841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEENE, GEORGIA  
217 SEABREEZE CIRCLE  
KISSIMMEE, FL 34743 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MURRAY, STEVE  
Address: P.O. BOX 479  
City-St-Zip: GREEN HARBOUR, MA 02041

Title: MGRM ( ) Delete  
Name: KEENE, GEORGIA  
Address: 217 SEABREEZE CIRCLE  
City-St-Zip: KISSIMMEE, FL 34743

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 R. KEENE

MEMB

01/14/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date