

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000000473

Entity Name

FLORIDA FITNESS AND HEALTH, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90159 009 ****61.25

Principal Place of Business

Mailing Address

0 FRANK SHAW RD
TALLAHASSEE FL 32312

480 FRANK SHAW RD
TALLAHASSEE FL 32312

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, JEAN MAYNARD
480 FRANK SHAW RD
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jean M. Gonzale

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p>10. OFFICERS AND DIRECTORS</p> <p>NAME: GONZALEZ, JEAN MAYNARD <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: 480 FRANK SHAW RD</p> <p>CITY-ST-ZIP: TALLAHASSEE FL 32312</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: ROBERSON, BRUCE C <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: 480 FRANK SHAW RD</p> <p>CITY-ST-ZIP: TALLAHASSEE FL 32312</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>NAME: GONZALEZ, JEANIE COE <input type="checkbox"/> Delete</p> <p>STREET ADDRESS: 480 FRANK SHAW RD</p> <p>CITY-ST-ZIP: TALLAHASSEE FL 32312</p>	<p>TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jean M. Gonzale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02

Date

668-4601

Daytime Phone #

CR2E037 (9/01)