## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N10501**

1. Corporation Name

DOWNTOWN ATHLETIC CLUB OF ORLANDO, INC.

Principal Place of Business 222 S. WESTMONTE DRIVE SUITE 101 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

Suite, Apt. #, etc.

540 Timber l

Mailing Address P.O. BOX 4062 ORLANDO FL 32802

2a. Mailing Address

Suite, Apt. #, etc.

US

## May 10, 1999 8:00 am<sup>2</sup> Secretary of State

05-10-1999 90169 021 \*\*\*\*61.25



3. Date Incorporated or Qualifed

07/31/1985

4. FEI Number 59-2632163

22	27				59-2632163	Not	Applicable
Gity & State	ity & State City & State  LONG WOOD F2 28				5. Certifcate of Status Desired	\$8.75 A	
Zip 327	Country	Zip 30	Country	***	Election Campaign Financing     Trust Fund Contribution	\$5.00 i Added to	
9. Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
HUPP, LYNN 222 S. WESTMONTE DRIVE SUITE 101			81 82 83	Street /	erguson Shelley Address (P.O. Box Number is Not Acceptable) O Timber Ridge Dr		
ALTAMONTE SPRINGS FL 32714						L 85 329	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the proporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 647.0503, Florida Statutes.  SIGNATURE Shelley Ferguson							
	Signature, typed or printed name of registered agent		istered Agent	supremure re	equired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	OFFICERS AND	DIRECTORS	1,1 TITLE		D	☐ Change	Addition
TITLE	D TARRYA				Landon, Chip BRANCH		
NAME	Donno, marin		1.2 NAME		670 Mossey Brach CT		
STREET ADDRESS			1.3 STREET	address	Longwood FL 32779		
CITY-ST-ZIP			1.4 CITY-ST	-ZIP	D D	E3.01	Addition
TITLE	DELETE 2.1T		2.1 TITLE	]	_	Change	☐ ¥00iiion
NAME	PROVENCHER, JAMES 221				Cosmides, James	0.0	1
STREET ADORESS	s 719 W WINTER PARK ST		2.3 STREET	address	800 N Magnolia Ave #1	06	
CITY-ST-ZIP	ORLANDO FL 2.49		2. 4 CITY-S	r-zip	Orlando FL 32803		·
TITLE	*		3.1 TITLE		P	☐ Change	<b>K</b> Addition
NAME	DETZEL. JIM 32N		3.2 NAME		Ranson, Randy		
STREET ADDRESS	382 FOREST PARK CIRCLE		3.3 STREET	ADDRESS	401 W Colonial Dr #2		
-			3.4. CITY-S		Orlando FL 32803		
CITY-ST-ZIP	D	GRADOUT L SALE		-"-	ח	Change	<b>A</b> ddition
TITLE	MILLER, CHARLES				Dropkin, Stuart	-	
NAME				*DDD=00	1355 Orange Ave #4		
STREET ADDRESS			4.3 STREET		Winter Park FL 32789		
CITY-ST-ZIP	ORLANDO FL			-ZIP	T	[ ] Change	Addition
TITLE	· — —		5.1 TITLE 5.2 NAME		Durkee, Thomas	C Clarige	
NAME	CALLOWAT, MINE			1000cc	201 E Pine St #550		
STREET ADDRESS	3319 MAGUIRE BLVD #130		5.3 STREET		Orlando FL 32801		
CITY-ST-ZIP	OILDANDO I E		5.4 CITY-ST	-ZIP			<b>777</b> AJJ#
TITLE	221 044612		6.1 TITLE		SD	Change	X Addition
NAME ,	HÚPP, LÝNN		6.2 NAME	1	Ferguson, Shelley		
STREET ADDRESS	222 S WESTMONTE DRIVE STE	101	6.3 STREET	ADDRESS	540 Timber Ridge Dr		
CITY OT 710	ALTAMONTE SPRINGS FL		6.4 CITY-ST		Longwood FL 32779		
14. 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 annual report or supplemental annual report is true and accurate and that my signature officer or director of the corporation or the receiver or trustee empowered to execute this report as required block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Applied For

Not Applicable