

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90027 029 \*\*\*\*61.25

**DOCUMENT # N10501**

1. Entity Name

**DOWNTOWN ATHLETIC CLUB OF ORLANDO, INC.**

Principal Place of Business

**540 TIMBER RIDGE DR  
 LONGWOOD FL 32779  
 US**

Mailing Address

**P.O. BOX 4062  
 ORLANDO FL 32802  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2632163**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, SHELLEY  
 540 TIMBER RIDGE DR  
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

**Melynn Palmer**

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

**8418 Shady Glen Dr**

City

**Orlando**

FL

Zip Code

**32819**

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

**8-27-01**

**FILE NOW: FEE IS \$61.25  
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LONDON, CHIP</b> <b>670 MOSSY BRANCH CT</b> <b>ORLANDO FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANDRY,</b> <b>7061 GRAND NATIONAL DRIVE #138</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RANSON, RANDY</b> <b>401 W. COLONIAL DR 2</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROPKIN, STUART</b> <b>1355 ORANGE AVE #4</b> <b>ORLANDO FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DURKEE, THOMAS</b> <b>201 E. PINE ST 550</b> <b>ORLANDO FL 32801</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>FERGUSON, SHELLEY</b> <b>540 TIMBER RIDGE DR</b> <b>LONGWOOD FL 32779</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**T**  
**Glenn VITALE**  
**911 LITTLE BEND ROAD**  
**ALTA MONTE SPRINGS, FL 32714**

**D**  
**Melynn PALMER**  
**8418 Shady Glen Dr**  
**Orlando, FL 32819**

12. 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:

**SIGNATURE REQUIRED**

**8/29/01 402-798-0687**

CR2E037 (5/01)