

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17646

1. Entity Name

OUR CLUB HEALTH AND FITNESS CENTER, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

03-16-2000 90072 042 ****61.25

Principal Place of Business Mailing Address
1220 A1A 1220 A1A
INDIALANTIC FL 32903 INDIALANTIC FL 32903-2848

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 59-2743069 Applied For Not Applicable

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

ANNIS, ROBERT B
290 PANADISC B1 #53
INDIALANTIC FL 32903

Name REED CARY
Street Address (P.O. Box Number is Not Acceptable) 525 E. STRAWBRIDGE AVE
Melbourne FLORIDA
City FL Zip Code 32901

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 *Reed Cary* 3-10-00
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANNIS, ROBERT B	
STREET ADDRESS	290 PANADISC B1 #53	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CHAMER, KAREN	
STREET ADDRESS	417 NINTH AVE	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAHOT, JANEL	
STREET ADDRESS	2640 ASTON CIR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RUFFENACH, CHARLES	
STREET ADDRESS	1295 CYPRESS AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 Paradise Bl. #53	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.V. President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS JANNKE	
STREET ADDRESS	217 Glengarry Ave	
CITY-ST-ZIP	Melbourne Beach FL 32951	
TITLE	D Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janel SINGER	
STREET ADDRESS	109 Island View Dr	
CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	D Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Ruffenach	
STREET ADDRESS	2075 Shannon Ave	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *R. B. Annis - President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert B Annis Date 3-10-00 Daytime Phone 321-723-4057

CR2E037 (9/98)