

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90172 001 ****61.25

DOCUMENT # N17646

1. Entity Name

OUR CLUB HEALTH AND FITNESS CENTER, INC.

Principal Place of Business

Mailing Address

**1220 A1A
INDIALANTIC FL 32903**

**1220 A1A
INDIALANTIC FL 32903**

2. Principal Place of Business

3. Mailing Address

OUR CLUB Health Fitness

Our Club Health Fitness

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2200 A1A

2200 A1A

City & State

City & State

Indian Harbour Beach - FL

Indian Harbour Bch - FL

Zip

Country

Zip

Country

32937

Brevard

32937

Brevard



DO NOT WRITE IN THIS SPACE

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

**CARY, REED
525 E STRAWBRIDGE AVE
MELBOURNE FL 32901**

Name

Reed Cary

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

525 E. Strawbridge Ave

City

Melbourne

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

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ANNIS, ROBERT B
290 PARADISE BLVD #53
INDIALANTIC FL 32903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
JANNKE, DORIS
217 GLENGARRY AVE
MELBOURNE BEACH FL 32951** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WARD, TOM
185 SAND SHOES DR
MELBOURNE BEACH FL 32951** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RUFFENACH, CHARLES
2075 SHANNON AVE
INDIALANTIC FL 32903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

ROBERT B ANNIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 MAR 2002 321-773-4425

CR2E037 (9/01)