

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39891

1. Entity Name

CLEWISTON COMMUNITY FITNESS CENTER, INC.

Principal Place of Business

Mailing Address

341 CENTRAL AVENUE
CLEWISTON FL 33440
US

P. O. BOX 447
CLEWISTON FL 33440-0447
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

65-0219487

Applied For

Not Applied

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

Name

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

City

FL

Zip Code

RIDGDILL, BETTY
209 CYPRESS AVENUE
CLEWISTON FL 33440

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COLLINS, NANCY H. | |
| STREET ADDRESS | 1205 PINWOOD STREET | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | CAUSSEAU, KATHY | |
| STREET ADDRESS | 800 W. AVENIDA DEL RIO | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | HALL, KAY BIRDSONG | |
| STREET ADDRESS | 1200 PINWOOD ST. | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | RIDGDILL, BETTY L. | |
| STREET ADDRESS | 1785 RIDGDILL RD. | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WADDELL, TAMARA | |
| STREET ADDRESS | 103 RIDGEWOOD AVE | |
| CITY-ST-ZIP | CLEWISTON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |
| 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 | | |
| 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 941-983-3136

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90022 019 ****61.25



DO NOT WRITE IN THIS SPACE