

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

04-18-2001 90060 001 ***476.25

DOCUMENT # P00000048601

1. Entity Name

S.W. FLORIDA FITNESS, INC.

LP

Principal Place of Business

13857 LONG LAKE LANE
 PORT CHARLOTTE FL 33953

Mailing Address

13857 LONG LAKE LANE
 PORT CHARLOTTE FL 33953

2. Principal Place of Business

2200 PLACIDA ROAD
 Suite, Apt. #, etc.

3. Mailing Address

PO BOX 380207
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ENGLEWOOD, FL

City & State

MURDOCK, FL

4. FEI Number

65-1027207

Applied For

Not Applicable

Zip

334224

Country

USA

Zip

339380207

Country

USA

5. Certificate of Status Desired—

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHIN-A-FOENG, GERARD
 13857 LONG LAKE LANE
 PORT CHARLOTTE FL 33953

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back): ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. **PRESIDENT/CEO** OFFICERS AND DIRECTORS

TITLE **GERARD S.M. CHIN-A-FOENG** ☐ Delete
 NAME
 STREET ADDRESS **13857 LONG LAKE LN**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

G.S.M. CHIN-A-FOENG 3/26/01 (941) 473-8223

CR2E034 (10/00)