

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000060587

1. Entity Name

HIGH SPRINGS HEALTH AND FITNESS CENTER, INC.

Principal Place of Business

65 NW 1ST AVE
HIGH SPRINGS FL 32643

Mailing Address

65 NW 1ST AVE
HIGH SPRINGS FL 32643

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3660372

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNT, CLAYTON A

65 NW 1ST AVE
HIGH SPRINGS FL 32643

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, 2002 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. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNT, CLAYTON R
10431 NW 234TH ST
ALACHUA FL 32615



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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TITLE
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STREET ADDRESS
CITY-ST-ZIP



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STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

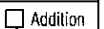


Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

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:

Clayton R Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 9049544422
Date Daytime Phone #

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90075 036 ***150.00

360764



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)