

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90013 036 \*\*\*150.00

**DOCUMENT # P00000110024**

**1. Entity Name**  
**REALITY FITNESS, INC.**

**Principal Place of Business**  
**3049 HUNTINGTON WOODS BLVD**  
**TALLAHASSEE FL 32303**

**Mailing Address**  
**3049 HUNTINGTON WOODS BLVD**  
**TALLAHASSEE FL 32303**

**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**

593690571

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**ROGERS, JULIA**  
**3049 HUNTINGTON WOODS BLVD**  
**TALLAHASSEE FL 32303**

**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**

*J. Rogers*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/23/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** Owner ☐ Delete  
**NAME** Julia Rogers  
**STREET ADDRESS** 3049 Huntington Woods Blvd.  
**CITY-ST-ZIP** Tallahassee, FL 32303

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**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**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01

850 591 3721

Date

Daytime Phone #

CR2E034 (5/01)

Attachment 10758

Reality Fitness  
Julia Rogers  
3049 Huntington Woods Blvd.  
Tallahassee, Fl. 32303

July 23, 2001

Fl. Dept. of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl. 32314

Re: Uniform Business Report

To Whom It May Concern:

Around the first week of June I received my Uniform Business Report back for corrections. I returned it the same week I received it.

Last week I received another UBR report, P00000110024, apparently because the first one I sent back for corrections was not received yet. I spoke to Matt, at 488-9000, who told me to send in this UBR report with a letter telling what happened.

If you have any questions please contact me at (850) 591-3721. Thank you.

Sincerely,



Julia Rogers, NSCA, CPT  
Owner