

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90573 040 ***150.00

DOCUMENT # P01000052692

1. Entity Name
OUR FATHER'S GYM, INC.

Principal Place of Business
1945 BRANTLEY CIRCLE
CLERMONT FL 34712

Mailing Address
1945 BRANTLEY CIRCLE
CLERMONT FL 34712

2. Principal Place of Business

1705 E. Highway 50
Suite, Apt. #, etc.
Suite A

3. Mailing Address

1705 E. Highway 50
Suite, Apt. #, etc.
Suite A

City & State

CLERMONT, FL

City & State

CLERMONT, FL

4. FEI Number

59-3722884

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SORCHY, JULIANE
1945 BRANTLEY CIRCLE
CLERMONT FL 34712

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

Juliane Sorchy

(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 **D** **SORCHY, PAUL C II** ☐ Delete
NAME
STREET ADDRESS **1945 BRANTLEY CIRCLE**
CITY-ST-ZIP **CLERMONT FL 34712**

TITLE **D** **SORCHY, JULIANE** ☐ Delete
NAME
STREET ADDRESS **1945 BRANTLEY CIRCLE**
CITY-ST-ZIP **CLERMONT FL 34712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

TITLE ☐ Change ☒ Addition
NAME **D Jamie Barkley**
STREET ADDRESS **8935 Spyglass Loop**
CITY-ST-ZIP **CLERMONT, FL 34711**

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

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

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: *Juliane Sorchy* **4/22/02 352-243-7333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)