

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90076 011 ***150.00

DOCUMENT # P02000062747

1. Entity Name
RIVIERA FITNESS CENTER OF PENSACOLA, INC.



Principal Place of Business
6235 N DAVIS HWY. S-1087
PENSACOLA FL 32504-6974

Mailing Address
6235 N DAVIS HWY. S-1087
PENSACOLA FL 32504-6974



2. Principal Place of Business
5330 Mobile Hwy
Suite, Apt. #, etc.

3. Mailing Address
4725 South Holladay Blvd
Suite, Apt. #, etc.
220

☒ CHECK HERE IF MAKING CHANGES

City & State
Pensacola, FL
Zip
32526
Country
U.S.A.

City & State
Salt Lake City, UT
Zip
84117
Country
U.S.A.

4. FEI Number
47-0873552
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLCOMBE, SANDRA
6235 N DAVIS HWY, S-1087
PENSACOLA FL 32504-6974

7. Name and Address of New Registered Agent

Name
Rachel Whitten
Street Address (P.O. Box Number is Not Acceptable)
6235 N. Davis Hwy, S-108
City
Pensacola **FL** **Zip Code**
32504

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rachel Whitten* **Rachel Whitten** **1-30-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D NAME RICE, REYNOLD T STREET ADDRESS 4725 S HOLLADAY BLVD, STE 220 CITY-ST-ZIP SALT LAKE CITY UT 84117	<input type="checkbox"/> Delete
TITLE D NAME RICE, SCOTT L STREET ADDRESS 4725 S HALLADAY BLVD, STE 220 CITY-ST-ZIP SALT LAKE CITY UT 84117	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *REYNOLD T. RICE* **REQUIRE SIGNATURE** **1/27/03** **801 272 5277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)