## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P92000002567** Mar 17, 2000 8:00 am **Secretary of State** TURNER HEALTH & FITNESS, INC. 03-17-2000 90073 048 \*\*\*150.00 Principal Place of Business Mailing Address 995 STATE RD. 434 N. 995 STATE RD. 434 N. STE. 600 STE. 600 ALTAMONTE SPRINGS FL 32714-7034 ALTAMONTE SPRINGS FL 32714 3. Mailing Address 2. Principal Place of Business -DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. ميد. مر<u>سمون نويد. به</u> Applied For City & State City & State 4. FEI Number 59-3154261 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LABRET STEUEN FISHER, LAWRENCE D Street Address (P.O. Box Number is Not Acceptable) 101 WINMORE PL #337 ALTAMONT SPRINGS FL 32714 HILLCREST ST. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be... Tax filing requirement and elects to do so. After MAY 1, 2000 Pee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Addition TITLE TITLE NAME TURNER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 522 VIA VERONA DR #201 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 💆 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00 407 862-11/8
Date Date Dayline Phone #