

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90400 008 ***150.00

0029292

DOCUMENT # P92000007137

1. Entity Name
MARCO'S HEALTH & FITNESS CLUB, INC.

Principal Place of Business MARCO'S HEALTH FITNESS CLUB 3203 EAST BUSINESS 98 PANAMA CITY FL 32401 US	Mailing Address 3203 EAST HIGHWAY 98 PANAMA CITY FL 32401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3142199**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPER, MARCO T
 5208 MARLA DRIVE
 PANAMA CITY FL 32404**

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 _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTDC	<input type="checkbox"/> Delete
NAME	COOPER, MARCO T	
STREET ADDRESS	3203 EAST HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OSTRENGA, TIM	
STREET ADDRESS	5208 MARLA DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOON, PATTI	
STREET ADDRESS	264 SUKOSNI DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL HUGGINS	
STREET ADDRESS	264 SUKOSNI DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Marco T. Cooper
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: April 25, 2001
 Daytime Phone #: 850 763 1919

CR2E034 (10/00)