

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000021276

1. Entity Name
FITNESS SYSTEMS OF BOYNTON, INC

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90145 001 ***150.00

Principal Place of Business

4762 N CONGRESS AVE
BOYTON BEACH FL 33462
US

Mailing Address

7445 PRESCOTT LANE
LAKE WORTH FL 33445-6677
US

000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0389700

Applied For

Not Applicable

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

WOOLARD, JAMES J
7445 PRESCOTT LANE
LAKE WORTH FL 33467

Name

Street Address (P.O. Box Number is Not Acceptable)

16389 BRIDLEWOOD CIRCLE

City

DELRAY BEACH

FL

Zip Code

33445

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

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

(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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	WOOLARD, JAMES J	
STREET ADDRESS	7445 PRESCOTT LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOOLARD, ANN	
STREET ADDRESS	7445 PRESCOTT LANE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16389 BRIDLEWOOD CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	16389 BRIDLEWOOD CIRCLE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Ann Woolard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 5616387676

Date

Daytime Phone #

CR2E034 (9/99)