

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94 000003351**

1. Entity Name

Body Dynamics Gym, Inc

FILED

00 MAY 15 AM 10:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**4550 I Highway 20E
Niceville, FL 32578-9702**

**4550 I Highway 20E
Niceville, FL 32578-9702**

2. Principal Place of Business

4550 I Highway 20E

3. Mailing Address

4550 I Highway 20E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville, FL

4. FEI Number

59-3223614

Applied For

Not Applicable

Zip

Country

32578-9702

USA

Zip

Country

32578-9702

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Lawrence E Ellison
310 Fairwood Dr
Niceville, FL 32578-3200**

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

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

TITLE **President & Treasurer** ☐ Delete
NAME **Lawrence E Ellison**
STREET ADDRESS **310 Fairwood Dr**
CITY-ST-ZIP **Niceville, FL 32578-3200**

TITLE **Vice President, Sec.** ☐ Delete
NAME **Sodi K Ellison**
STREET ADDRESS **310 Fairwood Dr**
CITY-ST-ZIP **Niceville, FL 32578-3200**

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

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CITY-ST-ZIP

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****150.00 - ****150.00**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence E Ellison

9 MAY 00 (850) 897-2499

Date

Daytime Phone #