

DOCUMENT # P94000040677

1. Entity Name
WORLD GYM OF WINTER PARK INC.

Principal Place of Business Mailing Address
UNI-GOLD SHOPPING CENTER C/O RALPH SMITH
7706 UNIVERSITY BLVD. P O BOX 410485
WINTER PARK FL 32792 MELBOURNE FL 32941
US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

6. Name and Address of Current Registered Agent
SMITH, RALPH
UNI-GOLD SHOPPING CENTER
7706 UNIVERSITY BLVD.
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SMITH, RALPH UNI-GOLD SHOPPING CNTR-7706 UNIVERSITY BLV WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SMITH, CODY UNI-GOLD SHOPPING CNTR-7706 UNIVERSITY BLV WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MAAE-PAT UNI-GOLD SHOPPING CNTR-7706 UNIVERSITY BLV WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SELBERT, JACK UNI-GOLD SHOPPING CNTR-7706 UNIVERSITY BLV WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 01/04/01 Daytime Phone #: 3216989910

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90047 024 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3238401** Applied For
Not Applicable

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

CR2E034 (10/00)