

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080374

1. Entity Name

WINTER PARK WOMEN'S HEALTH & FITNESS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90151 011 ***150.00

Principal Place of Business

4076 N GOLDENROD RD
WINTER PARK FL 32792

Mailing Address

280 S.R. 434
SUITE 1049
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4732 S. KIRKMAN RD

ORLANDO, FL

32811

ORANGE

6. Name and Address of Current Registered Agent

PALLUCK, BERNARD
102 SWEETWATER CLUB BLVD
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **PATTI JOHNSON**

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

8541 CEDAR COVE DR.

City **ORLANDO**

FL

Zip Code **32819**

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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	VP PALLUCK, EDDIE M 102 SWEETWATER CLUB BLVD. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALLUCK, BERNARD F 102 SWEETWATER CLUB BLVD. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENSCHAW, MARK 1801 WINTER GREEN BLVD. WINTER PARK FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, WENDY 6118 GAMBLE DRIVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEARON, LISA 1162-A PASEO DEL MAR CASSELBERRY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAHN, MARESSA 8203 CHESWORTH DRIVE ORLANDO FL	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATRICIA JOHNSON 8541 CEDAR COVE DR. ORLANDO, FL 32819	<input type="checkbox"/> Change <input checked="" 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
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 or other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2001

407-283-9200

CR2E034 (10/00)