

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030363

1. Entity Name

FRANKLIN/TEMPLETON EXERCISE FACILITIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90002 003 ***150.00

Principal Place of Business

777 MARINERS ISLAND BLVD.
SAN MATEO CA 94404

Mailing Address

777 MARINERS ISLAND BLVD.
7TH FLOOR/LEGAL
SAN MATEO CA 94404-1584

948019



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

65-0578504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, BARBARA J
500 E BROWARD BLVD., 15TH FL
FT. LAUDERDALE FL 33394-3091

7. Name and Address of New Registered Agent

Name

LORI WEBER

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

500 E. BROWARD BLVD.,

21ST FLOOR

City

FT. LAUDERDALE

FL

Zip Code

33394-3091

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

Lori Weber

LORI WEBER, CORPORATE COUNSEL

4/25/2000

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 ☐ Delete
NAME D
STREET ADDRESS JOHNSON, CHARLES E
CITY-ST-ZIP 500 E. BROWARD BOULEVARD STE 2100
FORT LAUDERDALE FL 33394

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS JOHNSON, CHARLES E.
CITY-ST-ZIP 777 MARINERS ISLAND BLVD.
SAN MATEO, CA 94404

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

TITLE ☐ Change ☐ 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:

Charles E. Johnson

CHARLES E. JOHNSON, DIRECTOR

4/18/00

(650) 312-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)