

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000059566

1. Entity Name

FITNESS SYSTEMS OF ORLANDO, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90070 013 ***150.00

Principal Place of Business

4550 E MICHIGAN ST
ORLANDO FL 32812

Mailing Address

7445 PRESCOTT LANE
LAKE WORTH FL 33445-6677

2. Principal Place of Business

3. Mailing Address

16389 Bridlewood Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

Zip

Country

Zip

Country

33445

4. FEI Number

65-0609925

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
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

1/10/00

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WOOLARD, JAMES
STREET ADDRESS 7445 PRESCOTT LANE
CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE V
NAME WOOLARD, ANN
STREET ADDRESS 7445 PRESCOTT LANE
CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS 16389 BRIDLEWOOD CIRCLE
CITY-ST-ZIP DELRAY BEACH, FL 33445

☒ Change ☐ Addition

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TITLE
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CITY-ST-ZIP

☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN WOOLARD

1/10/00

Date

5616387676

Daytime Phone #

CR2E034 (9/99)