

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002107

1. Entity Name

CLUB HEALTH INTERNATIONAL, INC.

FILED

Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90012 036 ***150.00

Principal Place of Business

433 LIVE OAKS BLVD
CASSELBERRY FL 32707

Mailing Address

P.O. BOX 181041
CASSELBERRY FL 32718-1041

2. Principal Place of Business

283 N. North Lake Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 111

City & State

Altamonte Springs, FL

City & State

Zip

32701

Seminole

Country

4. FEI Number

59-3355990

Applied For

Not Applicable

5. Certificate of Status Desired

No

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, CHARLES
433 LIVE OAKS BLVD
CASSELBERRY FL 32707

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

Charles Jackson

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

(NOTE: Registered Agent signature required when reinstating)

3/20/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
JACKSON, CHARLES
433 LIVE OAKS BLVD
CASSELBERRY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
JOSE V. de JESUS
433 LIVE OAKS BLVD.
CASSELBERRY, FL 32707

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 like empowered.

SIGNATURE: *Jose V. de Jesus* JOSE V. de JESUS OFFICER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2001

Date

407-920-1155

Daytime Phone #

CR2E034 (10/00)