

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90096 016 \*\*\*558.75

**DOCUMENT # P96000073142**

1. Entity Name  
**JC FITNESS INTERNATIONAL, INC.**

Principal Place of Business  
**4400 PGA BLVD STE 700**  
**PALM BEACH GARDENS FL 33410**

Mailing Address  
**4400 PGA BLVD STE 700**  
**PALM BEACH GARDENS FL 33410**

**B0139084**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**41 SW Monterey Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**691 SW Pine Tree Ln**  
 Suite, Apt. #, etc.

City & State  
**Stuart FL**  
 Zip  
**34994**  
 Country  
**US**

City & State  
**Palm City FL**  
 Zip  
**34990**  
 Country  
**US**

4. FEI Number **65-0694934**  
 Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BOYER, JOHN W**  
**4400 PGA BLVD STE 700**  
**PALM BEACH GARDENS FL 33410**

## 7. Name and Address of New Registered Agent

Name **Joseph M Calabria**  
 Street Address (P.O. Box Number is Not Acceptable)  
**691 SW Pine Tree Ln**  
 City **Palm City FL** Zip Code **34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph Calabria* **President** **9/8/02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **DPTS** ☒ Delete  
 NAME **BOYER, JOHN W**  
 STREET ADDRESS **4 GRAEMOOR TERR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Joseph Calabria**  
 STREET ADDRESS **691 SW Pine Tree Ln**  
 CITY-ST-ZIP **Palm City FL 34990**

TITLE **President** ☐ Delete  
 NAME **Joseph Calabria**  
 STREET ADDRESS **691 SW Pine Tree Ln**  
 CITY-ST-ZIP **Palm City FL 34990**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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: *Joseph Calabria*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/8/02** **772-287-0222**  
 Date Daytime Phone #

CR2E034 (4/02)