

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000019297**

1. Entity Name

FITNESS MASTER OF FT. WALTON, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90036 004 ***150.00

Principal Place of Business

Mailing Address

**5515 NORTH DAVIS HIGHWAY
PENSACOLA FL 32503****5515 NORTH DAVIS HIGHWAY
PENSACOLA FL 32503-2008**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3439394**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HEBERT, RONALD P
5515 NORTH DAVIS HIGHWAY
PENSACOLA FL 32503

Name

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

City

Theresa E. Hebert**8710 Scenic Hills Dr****Pensacola, FL****32514**

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

Theresa E. Hebert

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

(NOTE: Registered Agent signature required when reinstating)

2-7-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **HEBERT, RONALD P**
STREET ADDRESS **8710 SCENIC HILLS DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32514**TITLE **ST** ☒ Delete
NAME **HEBERT, TERESA E**
STREET ADDRESS **8710 SCENIC HILLS DRIVE**
CITY-ST-ZIP **PENSACOLA FL 32514**TITLE **V** ☐ Delete
NAME **STEFANKO, MICHAEL K**
STREET ADDRESS **9660 PINE CONE**
CITY-ST-ZIP **CANTONMENT FL 32533**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONAL OFFICERS AND DIRECTORS IN 11

TITLE **PRES / Treasurer** ☒ Change ☐ Addition
NAME **Theresa E. Hebert**
STREET ADDRESS **8710 Scenic Hills Dr**
CITY-ST-ZIP **PENSACOLA FL 32514**TITLE **Secretary** ☐ Change ☒ Addition
NAME **Todd PARKINS**
STREET ADDRESS **1901 Lady Bird Lane**
CITY-ST-ZIP **Buckley, FL 32561**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

Theresa E. Hebert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00 (850) 478-0842

Date

Daytime Phone #