

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90150 037 ***550.00

DOCUMENT # P97000019681					
1. Entity Name WILTON MANORS GYM, INC.					
Principal Place of Business 2848 N.E. 35 Court Fort Lauderdale, FL 33308			Mailing Address Same		
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 65-0730944	
				☐ 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		
L. Theron Streeter 2848 N.E. 35 Court Fort Lauderdale, FL 33308			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 _____ (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) ☒			FILED WITH FEES \$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	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	L. Theron Streeter		STREET ADDRESS		
CITY- ST- ZIP	2848 N.E. 35 Court Ft. Lauderdale, FL 33308		CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	D. RONALD S. ENGLISH		STREET ADDRESS		
CITY- ST- ZIP	2848 NE 35 CT. FT. LAUDERDALE, FL 33308		CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
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TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 			7/24/00 954 565-4969 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR L. Theron Streeter, Director					