FILED Jan 27, 2003 8:00 am **Secretary of State**

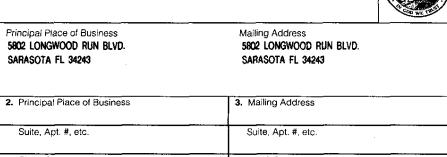
01-27-2003 90166 027 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P97000019938

1. Entity Name LONGWOOD ATHLETIC CLUB, INC.





CHECK HERE IF MAKING CHANGES

DATE

					, -,				
City & State		City & State	City & State		4. FEI Number	65-0746155		Applied For	
						00'0740'100 .		Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of	Status Desired 🛶 🗔	\$8.7 Fee F	75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name		<u></u>			
DESJARLAIS, MARY LYNN ESQ				<u> </u>					
7029A S. TAMIAMI TRAIL			į	Street Address					
SARASOTA F	L 34231								
				City		F	L Z	ip 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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

!	FILE NOW!!! FEE IS \$150.00
	After May 1, 2003 Fee will be \$550.00
Make	Check Payable to Florida Department of State

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME KRAMER, ROBERT . NAME 5802 LONGWOOD RUN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE VD TITLE Change Addition Delete Eckert Lisky 5802 Longwood Run Blod NAME KRAMER, LESLIE NAME STREET ADDRESS 5802 LONGWOOD RUN BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ SARASOTA FL 34243 -TITLE ☐ Delete TITLE Change ☐ Addition TD NAME NAME WALD, LARRY STREET ADDRESS STREET ADDRESS 1 PENN PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10119** ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DI WINDING