

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026457

1. Entity Name

L.A. FITNESS - FLORIDA, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90006 033 ***550.00

Principal Place of Business

100 BAYVIEW CIRCLE
 SUITE 4000
 NEWPORT BEACH CA 92660

Mailing Address

100 BAYVIEW CIRCLE
 SUITE 4000
 NEWPORT BEACH CA 92660

2. Principal Place of Business

1301 DOWE STREET

Suite, Apt. #, etc.

SUITE # 200

City & State

NEWPORT BEACH, CA

Zip

92660

Country

U.S.A

3. Mailing Address

1301 DOWE STREET

Suite, Apt. #, etc.

SUITE # 200

City & State

NEWPORT BEACH, CA

Zip

92660

Country

U.S.A



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0738278

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLUMENKOPF, JAY
 PROSKAUER ROSE LLP
 2255 GLADES ROAD, SUITE 340W
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 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

TITLE P
 NAME WELCH, LOUIS
 STREET ADDRESS 100 BAYVIEW CIRCLE STE 4000
 CITY-ST-ZIP NEWPORT BEACH CA 92660 ☐ Delete

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
 NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/01

(949) 250-8200

Daytime Phone #

0131502 AT

CR2E034 (5/01)



attachment
D# P97000026457
B0005954

September 17, 2001

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: L.A. Fitness - Florida Inc.

To Whom It May Concern:

Please accept this renewal for the above referenced entity. We apologize for it's tardiness, but due to the tragic events that occurred this past week the signing officer was stranded in Boston, and was unable to fly back until late Friday the 14th. He was originally scheduled to fly in on the 11th so we could overnight the signed renewal to your office.

If you should have any questions, please call me at (949) 250-8213. Thanks for your understanding in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "Timothy A. Holmes", written over a horizontal line.

Timothy A. Holmes
Director of Accounting
& Financial Reporting
L.A. Fitness International, LLC