

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90053 042 \*\*\*550.00

DOCUMENT # **P97000056665**

1. Entity Name

**MAIN STREET FITNESS CENTER, INC.**

Principal Place of Business

**330 E. MAIN STREET  
 BARTOW FL 33830**

Mailing Address

**2197 E. HIGHWAY 98  
 FORT-MEADE FL 33841**

2. Principal Place of Business

**Main St. Fitness Center**  
 Suite, Apt. #, etc.

3. Mailing Address

**2197 E. Highway 98**  
 Suite, Apt. #, etc.

City & State

**Bartow Fla. 33830**

City & State

**Fl. Meade Fla.**

4. FEI Number

**59-3383986**

Applied For

Not Applicable

Zip

**33830**

Country

**USA**

Zip

**33841**

Country

**U.S.A.**

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

**MURPHY, FREDERICK J JR  
 245 SOUTH CENTRAL AVE  
 BARTOW FL 33830**

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 13, 2000 Min. 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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>COMBEE, ORIS D III</b>	
STREET ADDRESS	<b>618 W PARK ST</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>COMBEE, DEBRA R</b>	
STREET ADDRESS	<b>618 W PARK ST</b>	
CITY-ST-ZIP	<b>LAKE LAND FL 33803</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**ORIS D COMBEE III** (Oris Donald Combee III) 8-30-00 863-533-0762  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)