2000 UNIFORM BUSINESS REPORT (UBR) D97000062807 Aug 04, 2000 8:00 am DOCUMENT # Secretary of State Fit America of Sarasota, Inc 08-04-2000 90064 001 ***300.00 Principal Place of Business Mailing Address 2991 Dick Wilson Dr Sarasota FL 34240 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Numbe City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sardalis, Nicholas P. Jr. Name 2033 main st Street Address (P.O. Box Number is Not Acceptable) Suite 100 Savasota Pl 34237 Zio Code City 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 FRE NOWILLEE B \$150.00 E After MAY 7 2000 Fee will be \$550.00 E Make Creck Payable to Department of State \$5.00 May Be Added to Fees 9. This corporation is eligible to satisfy its Intengible. 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (66/6) ☐ Change ☐ Addition ☐ Delete ela completa de la completa del la completa de la completa del la completa de la completa del la completa de la completa del la completa NAME gary Benjamin Dr. 3991 Dickwison Dr. NAME CR2E034 STREET ADDRESS STREET ADORESS CITY-ST-ZIP Scresota FL 34240 CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE D Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition IIII F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME 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: _ GNING OFFICER OR DIRECTOR

Gary P. Benjamin

2991 Dick Wilson Drive Sarasota, FL 34240 Sttlackmant P97000062807



July 12, 2000

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Ms. Bartlett:

I sincerely appreciate your assistance in this matter of getting my filings corrected. I have previously requested these forms be sent on April 28 by phone, as I had not received them. This business was sold last year and I did not receive these filings. As pre your direction I am including a fee of \$150.00 for each corporation. Please keep me active and make sure I am on the list at my home address to receive these forms in the future. If there are any future problems I know whom to call.

Sincerely,

Gary P. Benjamin

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President of both Fit America of Manatee and Fit America of Sarasota

(941) 730-3605