

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90491 014 ***150.00

DOCUMENT # P97000076003

1. Entity Name

TRI FITNESS, INC.

Principal Place of Business

8630 NW 51 ST
 LAUDERHILL FL 33351

6648 GREENWELL ST.
 PENSACOLA, FL 32526

Mailing Address

8630 NW 51 ST
 LAUDERHILL FL 33351

6648 GREENWELL ST
 PENSACOLA, FL 32526

2. Principal Place of Business

6648 GREENWELL ST

3. Mailing Address

6648 GREENWELL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32526

Country

Zip

32526

Country

4. FEI Number

65-0779006

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

FOSTER, GARY

8630 NW 51 ST

LAUDERHILL FL 33351

6648 GREENWELL ST
 PENSACOLA, FL 32526

Name

Street Address (P.O. Box Number is Not Acceptable)

6648 GREENWELL ST

City

PENSACOLA

FL

Zip Code

32526

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.

(NOT

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 \$150.00**
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOSTER, GARY	
STREET ADDRESS	8630 NW 51 ST	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	V	<input type="checkbox"/> Delete
NAME	FOSTER, TERESA	
STREET ADDRESS	8630 NW 51 ST	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6648 GREENWELL ST.	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6648 GREENWELL ST.	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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: Teresa Foster **TERESA FOSTER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (850)944-7817
 Date Daytime Phone #

0001/192

CR2E034 (10/00)