

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

0290594

**DOCUMENT # P97000077419**

1. Entity Name

**BSA FITNESS ENTERPRISES, INC.**

04-12-2001 90548 006 \*\*\*150.00

Principal Place of Business

Mailing Address

**4400 PGA BLVD.  
 SUITE 700  
 PALM BEACH GARDENS FL 33410-0**

**4400 PGA BLVD.  
 SUITE 700  
 PALM BEACH GARDENS FL 33410-0**

00055453



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0781760**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOYER, JOHN W  
 4400 PGA BLVD.  
 SUITE 700  
 PALM BEACH GARDENS FL 33410-0**

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

*John Boyer*

*2/22/01*

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 \$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  Delete  
 NAME **DPT BOYER, JOHN W**  
 STREET ADDRESS **4 GRAEMOOR TERRACE**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD SCHNEIDER, DAVID E**  
 STREET ADDRESS **21340 PAGOSA COURT**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE  Change  Addition  
 NAME **SCHNEIDER, DAVID E**  
 STREET ADDRESS **10060 NW 62nd Street**  
 CITY-ST-ZIP **Parkland FL 33076**

TITLE  Delete  
 NAME **VDS ANGERS, GERALD R**  
 STREET ADDRESS **5530 N.E. 7TH AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE  Change  Addition  
 NAME **Angers, Gerald R**  
 STREET ADDRESS **784 Enfield St**  
 CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE  Delete  
 NAME **VD KEISER, TODD M**  
 STREET ADDRESS **174 LOST BRIDGE DR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*John Boyer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/22/01*

DATE

*561-622-1974*

DAYTIME PHONE #

CR2E034 (10/00)