

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90135 029 \*\*\*150.00

**DOCUMENT # P97000077419**

1. Entity Name  
**BSA FITNESS ENTERPRISES, INC.**



Principal Place of Business  
**4400 PGA BLVD.  
SUITE 700  
PALM BEACH GARDENS FL 33410-0**

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



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0781760**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *John Boyer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
DPT	BOYER, JOHN W	4 GRAEMOOR TERRACE	PALM BEACH GARDENS FL 33418			734 SANDY POINT LANE	NORTH PALM BEACH FL 33410
VD	SCHNEIDER, DAVID E	10060 NW 62ND STREET	POMPANO BEACH FL 33076			PARKLAND FL 33076	
VDS	ANGERS, GERALD R	784 ENFIELD ST	BOCA RATON FL 33487				
	<input type="checkbox"/> Delete						
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, until other like empowered.

SIGNATURE: *John Boyer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/8/03** DAYTIME PHONE # **561-622-1974**