

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000093460**1. Entity Name
WILSON'S ATHLETIC CLUBS, INC.**Principal Place of Business**

11252 W HILLSBOROUGH AVE

TAMPA

33635

FL

Mailing Address

3018 N US HWY 301

SUITE 950

TAMPA

33619207

US

FL

2. Principal Place of Business

11252 W HILLSBOROUGH AVE

3. Mailing Address

475 CENTRAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE M-8

City & State

TAMPA

FL

City & State

ST. PETERSBURG

FL

Zip

33635

Country

US

Zip

33701

Country

US

4. FEI Number**59-3478205**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MASCARA ERNEST L

GLADES BLDG SUITE 303

877 EXECUTIVE CENTER DRIVE WEST

SAINT PETERSBURG

33702

US

FL

7. Name and Address of New Registered Agent

Name

MASCARA ERNEST L

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

KRESS BUILDING, SUITE M-8

475 CENTRAL AVENUE

City

SAINT PETERSBURG

FL

Zip Code

33701

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 **ERNEST L. MASCARA****04/30/2001**

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**

TITLE	S	<input type="checkbox"/> Delete
NAME	EDD PAM	
STREET ADDRESS	1330 BLUE HERON AVENUE	
CITY-ST-ZIP	ENCINITAS CA 92024	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON RAY	
STREET ADDRESS	7172 ESTRELLA DE MAR ROAD	
CITY-ST-ZIP	CARLSBAD CA 92009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDD PAM	
STREET ADDRESS	1330 BLUE HERON AVENUE	
CITY-ST-ZIP	ENCINITAS CA 92024	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON RAY	
STREET ADDRESS	7172 ESTRELLA DE MAR ROAD	
CITY-ST-ZIP	CARLSBAD CA 92009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: **RAY WILSON**

P

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)