

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014824

1. Entity Name

HIGHPOINT CENTER HEALTH CLUB, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90268 047 ***150.00

Principal Place of Business

450 CARILLON PARKWAY
STE 200
ST PETERSBURG FL 33716

Mailing Address

450 CARILLON PARKWAY
STE 200
ST PETERSBURG FL 33716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3493173**

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

JOHNSON, SUSAN G
450 CARILLON PARKWAY STE 200
ST PETERSBURG FL 33716

Name

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

City

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HIGGINS, RAYMOND F	
STREET ADDRESS	450 CARILLON PARKWAY STE.200	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, SUSAN G	
STREET ADDRESS	450 CARILLON PARKWAY STE 200	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	HOBBS, JAMES R JR	
STREET ADDRESS	450 CARILLON PARKWAY STE 200	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CRISP, AMY L	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCDONALD, SHERRY L	
STREET ADDRESS	ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan G. Johnson	
STREET ADDRESS	450 Carillon Parkway, Suite 200	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas D. Wilson	
STREET ADDRESS	450 Carillon Parkway, Suite 200	
CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	SAV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy L. Crisp	
STREET ADDRESS	450 Carillon Parkway, Suite 200	
CITY-ST-ZIP	St. Petersburg, FL 33716	
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:

James R. Hobbs, Jr. James R. Hobbs, Jr., Vice President 4/18/01 (727) 803-8231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)