

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90147 042 \*\*\*150.00

**DOCUMENT # P98000014824**



1. Entity Name  
**HIGHPOINT CENTER HEALTH CLUB, INC.**

Principal Place of Business  
**1201 S. ORLANDO AVE  
STE 360  
WINTER PARK FL 32789**

Mailing Address  
**1201 S. ORLANDO AVE  
STE 360  
WINTER PARK FL 32789**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-3493173**  
Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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

**STRONG, DAVID  
1201 S. ORLANDO AVE, STE 360  
WINTER PARK FL 32789**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 ☐ Delete  
NAME **PD STRONG, DAVID**  
STREET ADDRESS **1201 S. ORLANDO AVE STE 360**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **PD JOHNSON, SUSAN G**  
STREET ADDRESS **450 CARILLON PARKWAY STE 200**  
CITY-ST-ZIP **ST PETERSBURG, FL 33716**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **VTD HOBBS, JAMES R JR**  
STREET ADDRESS **450 CARILLON PARKWAY STE 200**  
CITY-ST-ZIP **ST PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **SAV CRISP, AMY L**  
STREET ADDRESS **ONE PROGRESS PLAZA**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD STRONG, LUCY A**  
STREET ADDRESS **1201 S. ORLANDO AVE, STE 360**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **ST CURRY, PAT**  
STREET ADDRESS **1201 S. ORLANDO AVE, STE 360**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

**SIGNATURE:** **DAVID C. Strong**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03** **407-629-1800**  
Date Daytime Phone #

CR2E034 (10/02)