

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015114

1. Entity Name

F.t America of Manatee, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 AM 8:46
19248

Principal Place of Business

Mailing Address

2991 Dick Wilson Dr
Sarasota FL 34240

SAME

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

06-0760436

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

7. Name and Address of New Registered Agent

Sardelis, Nicholas P. JR.
2033 Main St.
Suite 100
Sarasota FL 34237

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

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, 2000 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	<u>D</u>	<input type="checkbox"/> Delete
NAME	<u>Gary Benjamin</u>	
STREET ADDRESS	<u>2991 Dick Wilson Dr</u>	
CITY-ST-ZIP	<u>Sarasota FL 34240</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00

Date

941-730-3605

Daytime Phone

CR2E034 (9/98)

Gary P. Benjamin

2991 Dick Wilson Drive
Sarasota, FL 34240

Attachment 2
P97000062807

July 12, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Ms. Bartlett:

I sincerely appreciate your assistance in this matter of getting my filings corrected. I have previously requested these forms be sent on April 28 by phone, as I had not received them. This business was sold last year and I did not receive these filings. As per your direction I am including a fee of \$150.00 for each corporation. Please keep me active and make sure I am on the list at my home address to receive these forms in the future. If there are any future problems I know whom to call.

Sincerely,



Gary P. Benjamin
President of both Fit America of Manatee and Fit America of Sarasota

(941) 730-3605

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