

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018150

1. Entity Name

INTERNATIONAL HEALTH CLUBS, INC.

FILED

Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90116 001 ***317.50

Principal Place of Business

8666 SAN TOCCOA DR
ORLANDO FL 32825

Mailing Address

200 E ROBINSON ST
SUITE 450
ORLANDO FL 32801-1989
US

2. Principal Place of Business

3. Mailing Address

10125 W. COLONIAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OCOE, FL.

4. FEI Number

59-3496297

Applied For

Not Applicable

Zip

Country

Zip

Country

34761

USA.

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

CAMILLO, JOSEPH
200 E ROBINSON ST, #450
ORLANDO FL 32811

Name

Joseph A. Camillo

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

10125 W. COLONIAL DR.

Suite 212

City

OCOE

FL

Zip Code

34761

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

Joseph Camillo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TUSCAN, DAVID
STREET ADDRESS 8666 SAN TOCCOA DR
CITY-ST-ZIP ORLANDO FL 32825

☐ Delete

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☐ Change ☐ Addition

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:

DAVID TUSCAN/President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00 407-822-3664

CR2F034 (1/98)