

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023019

1. Entity Name

THE WELLNESS AND FITNESS INSTITUTE INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90006 034 ***550.00

Principal Place of Business

Mailing Address

4141 W WATERS AVE
TAMPA FL 33614

P.O. BOX 17203
TAMPA FL 33682-7203

2. Principal Place of Business

3. Mailing Address

8910 N. DALE MARRY HWY

8910 N. DALE MARRY HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 10

SUITE 10

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33614

USA

33614

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, DENNIS J
4141 W WATERS AVE
TAMPA FL 33614

Name

HERB HAMILTON

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

8910 N. DALE MARRY HWY.

SUITE 10

City

TAMPA

FL

Zip Code

33614

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

Herb A Hamilton

2/12/00

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 ☐ Delete
NAME D
STREET ADDRESS CAMPBELL, DENNIS J
CITY-ST-ZIP 4141 W WATERS AVE
TAMPA FL 33614

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS HERB HAMILTON
CITY-ST-ZIP 8910 N. DALE MARRY HWY - STE. 10
TAMPA, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Herb A Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 July 00

Date

Daytime Phone #

CR2E-34 (9/99)