## 2000 UNIFORM BUSINESS REPORT (UBR)

13. Thereby certify that the information supplied with this filling does not qualify for the exemption\_stated in Se

indicated on this report or supplemental report is true and accurate and that my signature

of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PE

## Mar 24, 2000 8:00 am DOCUMENT # **P98000050210 Secretary of State** FITNESS LICENSING CORPORATION 03-24-2000 90099 036 \*\*\*150.00 Mailing Address Principal Place of Business C/O 2737 SOUTH FLAGLER C/O 2737 SOUTH FLAGLER WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0843857 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILLARI, FREDERICK J Street Address (P.O. Box Number is Not Acceptable) 2737 SOUTH FLAGLER WEST PALM BEACH FL 33405 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE T/TI F VILLARI, FREDERICK J NAME STREET ADDRESS STREET ADDRESS 2737 FLAGER DR CITY-ST-ZIP CITY-ST-ZIP W.P.B. FL 33405 □ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition De'ete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition De!ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

119.07(3)(i), Florida Statutes. I further certify that the information

al effect as if made under oath; that I am an officer or director Statutes; and that my name appears in Block 11 or Block 12 if