

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2000 90862 001 ***163.75
 05-19-2000 90862 002 ***163.75

DOCUMENT # P98000073227

1. Entity Name
THE GYM FAMILY FITNESS CENTER, INC.

Principal Place of Business 2587 N HARBOR CITY BLVD MELBOURNE FL 32935 US	Mailing Address 1915 MATTE DR MELBOURNE FL 32935-4438 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 400 Stan Dr.	3. Mailing Address 1915 Matte Dr.
Suite, Apt. #, etc. Unit 2	Suite, Apt. #, etc. 1915
City & State Melbourne Fl.	City & State Melbourne Fl.
Zip 32904	Country USA
Country USA	Zip 32935
Country USA	Country USA

4. FEI Number **59-3528869** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BRODERICK, GLENDA
 2587 N HARBOR CITY BLVD
 MELBOURNE FL 32935**

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.

SIGNATURE Glenda F. Broderick Glenda F. Broderick 28 May 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODERICK, GLENDA F 2587 N. HARBOR CITY BLVD. MELBOURNE FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRODERICK, DENNIS N 2587 N. HARBOR CITY BLVD. MELBOURNE FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRODERICK, GLENDA 2587 N. HARBOR CITY BLVD. MELBOURNE FL 32935 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glenda F. Broderick 400 Stan Dr. Unit 2 Melbourne, Fl. 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Broderick, Dennis N 400 Stan Dr. Unit 2 Melbourne, Fl. 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Broderick, Glenda F. 400 Stan Dr. Unit 2 Melbourne, Fl. 32904 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Glenda F. Broderick Glenda F. Broderick 28 May 00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **321-255-0941**

CR2E034 (9/99)