2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 19, 2001 8:00 am Secretary of State DOCUMENT # P98000073227 1. Entity Name THE GYM FAMILY FITNESS CENTER, INC. 01-19-2001 90069 002 ***150.00 Principal Place of Business Mailing Address 400 STAR DRIVE 1915 MATTE DR MELBOURNE FL 32935 UNIT 2 100940 MELBOURNE FL 32904 US 3. Mailing Address 1915 Matte Dr. Suite, Apt. #, etc. 2. Principal Place of Business 400 Stan Dr. Suite, Apt. #, etc. Unit 2 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3528869 Florida Horida Melbourne W. HUBOURNE Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired 32<u>904</u> 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Broderick BRODERICK, GLENDA 2587 N HARBOR CITY BLVD MELBOURNE FL 32935 1915 Matte Dr. 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PST** TITLE Delete TITLE ☐ Addition NAME BRODERICK, GLENDA F NAME STREET ADDRESS 400 STAR DR UNIT 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32904 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME BRODERICK, DENNIS N NAME STREET ADDRESS STREET ADDRESS **400 STAR DRIVE UNIT 2** CITY-ST-ZIP **MELBOURNE FL 32904** CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Glenda F Broderick 1-8-01 321-795-9915