

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079649

1. Entity Name

RGW SPORTS AND FITNESS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90411 043 ***150.00

Principal Place of Business

Mailing Address

1201 APALACHEE PARKWAY
TALLAHASSEE FL 32301

1201 APALACHEE PARKWAY
TALLAHASSEE FL 32301-4543

3183 Capital Circle NE
Tallahassee, FL 32308

2. Principal Place of Business

3. Mailing Address

3185-A Capital Circle NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee FL

4. FEI Number 59-3534440

Applied For
Not Applicable

Zip

Country

Zip

Country

32308

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

WESSON, ROBIN G
2437 WINTERGREEN RD.
TALLAHASSEE FL 32308

Name Robin G Wesson

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

2001 E Randolph Circle

City Tallahassee

FL

Zip Code 32312

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)

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 P ☐ Delete
NAME WESSON, ROBIN G
STREET ADDRESS 2437 WINTERGREEN RD.
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☒ Change ☐ Addition
NAME 2001 E Randolph Circle
STREET ADDRESS
CITY-ST-ZIP 32312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)