

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 12, 2001 8:00 am**
Secretary of State

03-12-2001 90458 018 ***150.00

DOCUMENT # P98000081346

1. Entity Name

THE DOWNTOWN FITNESS CLUB, INC.

Principal Place of Business

**315 SOUTH HOPKINS AVENUE
TITUSVILLE FL 32796
US**

Mailing Address

**P.O. BOX 2045
TITUSVILLE FL 32781**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Titusville FL

Zip

Country

Zip

Country

32796**USA**

4. FEI Number

59-3535375

Applied For

Not Applicable

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

**HENNIS-MYERS, PAMELA J
2885 FAWN LAKE BLVD
MIMS FL 32754**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	DAVIS, HUBERTA M	P.O. BOX 2045 TITUSVILLE FL 32781	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DAVIS, WILLIAM J	P.O. BOX 2045 TITUSVILLE FL 32781	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	MYERS, JAMES W	2885 FAWN LAKE BLVD MIMS FL 32754	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	HENNIS-MYERS, PAMELA J	2885 FAWN LAKE BLVD MIMS FL 32754	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DAVIS, WILLIAM G	2845 FAWN LAKE BLVD MIMS FL 32754	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DAVIS, MARY AYN	2845 FAWN LAKE BLVD MIMS FL 32754	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Date

321/264-8995

Daytime Phone #

CR2E034 (10/00)