2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P99000015090 BRANDYWINE TENNIS & HEALTH CLUB, INC. 01-25-2001 90257 034 ***150.00 Principal Place of Business Mailing Address 2930 BRANDYWINE ROAD 2930 BRANDYWINE ROAD DELAND FL 32720 DELAND FL 32720 86689767 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3558758 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AUBIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 2930 BRANDYWINE RD **DELAND FL 32720** City 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Delete TITLE NAME NAME AUBIN, RICHARD A STREET ADDRESS STREET ADDRESS 2930 BRANDYWINE ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 TITLE TITLE Change ☐ Addition ☐ Delete **VP** NAME NAME AUBIN, RICHARD STREET ADDRESS STREET ADDRESS 3930 BRANDYWINE RD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 TITLE □ Delete TITLE Change ☐ Addition NAME* AUBIN, JENNIFER NAME STREET ADDRESS STREET ADDRESS 2930 BRANDYWINE ROAD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME AUBIN, ROBERT STREET ADDRESS STREET ADDRESS 2930 BRANDYWINE RD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR