

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/3 100 00000 035 0150 00 0150 00

DOCUMENT # P99000025806

1. Entity Name

CLERMONT WOMEN FITNESS, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90037 035 \*\*\*150.00

Principal Place of Business

777 HIGHWAY 27  
UNIT E.  
CLERMONT FL 34711

Mailing Address

777 HIGHWAY 27  
UNIT E.  
CLERMONT FL 34711-8993

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3564996

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

WILSON, BRANDON R  
~~16900 SARAH'S PLACE~~  
~~APARTMENT 10201~~  
CLERMONT FL 34711

Brandon R Wilson  
125 sunny side dr.  
Clermont, FL.  
34711

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

Brandon R Wilson

(NOTE: Registered Agent signature required when reinstating)

3-24-00

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	Secretary	<input type="checkbox"/> Delete
NAME	Brandon R Wilson	
STREET ADDRESS	125 sunny side dr.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	President	<input type="checkbox"/> Delete
NAME	Alex West	
STREET ADDRESS	6 Country Squire Rd.	
CITY-ST-ZIP	Natchez, MS 39120	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	William O Pugh	
STREET ADDRESS	#9 Hunters Hill	
CITY-ST-ZIP	Natchez, MS 39120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

Brandon R Wilson

2-17-00

Date

352-243-2330

Daytime Phone #

CR2E034 (9/99)