

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000030867

1. Entity Name

LIFESTYLES - THE FITNESS CENTER, INC.

Principal Place of Business

P.O. BOX 1454 (140 W. MACCLENNY AVE.)

MACCLENNY
32063

FL

Mailing Address

P.O. BOX 1454 (140 W. MACCLENNY AVE.)

MACCLENNY
32063

FL

2. Principal Place of Business

5 UTILITY DRIVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

City & State

PALM COAST

FL

City & State

JACKSONVILLE

Zip

32137

Country

US

Zip

32137

Country

US

4. FEI Number

59-3567529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KNIGHT REX A
36 BARBER CIRCLE

MACCLENNY
32063

FL

7. Name and Address of New Registered Agent

Name

KNIGHT REX A

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

10010 BELLE RIVE BLVD.

#203

City
JACKSONVILLE

FL

Zip Code
32256

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)

04/28/2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
KNIGHT REX AMR.
10010 BELLE RIVE BLVD. #203
JACKSONVILLE FL 32256

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
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 an address, with all other like empowered.

SIGNATURE: Rex Knight

Pres 04/28/2000