

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034864

1. Entity Name

CLEARWATER BEACH FITNESS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90213 013 ***150.00

Principal Place of Business

401 PALM ISLAND NE
CLEARWATER FL 33767

Mailing Address

401 PALM ISLAND NE
CLEARWATER FL 33767

2. Principal Place of Business

483 MANALAY AVENUE
Suite, Apt. #, etc.

3. Mailing Address

% DRESLIN FINANCIAL
1300 PARK BLVD, Suite C
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FLORIDA

City & State

SEMINOLE, FL

4. FEI Number

59-3571427

Applied For

Not Applicable

Zip

33767

Country

USA

Zip

33776

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEVTIC, VICTOR
401 PALM ISLAND NE
CLEARWATER FL 33767

7. Name and Address of New Registered Agent

Name

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

City

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

TITLE ☐ Delete
NAME D
STREET ADDRESS JEVTIC, VICTOR
CITY-ST-ZIP 401 PALM ISLAND NE
CLEARWATER FL 33767

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 ☐ Change ☒ Addition
NAME PRESIDENT
STREET ADDRESS ALAN DEUTSCH
CITY-ST-ZIP P.O. Box 3684
CLEARWATER, FL 33767

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

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

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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:

Alan Deutsch ALAN DEUTSCH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-19-2001 (722) 337-7435

Daytime Phone if

CR2E034 (10/00)