

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000035096****1. Entity Name****LIFESTYLE FAMILY FITNESS (LARGO), INC.****Principal Place of Business**3018 NORTH U.S. HIGHWAY 301
SUITE 950
TAMPA
336492207

FL

Mailing AddressGLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST. PETERSBURG
33702

FL

2. Principal Place of Business

2200 EAST BAY DRIVE

3. Mailing Address

3018 N. US HWY 301

Suite, Apt. #, etc.

SUITE 505

Suite, Apt. #, etc.

SUITE 950

City & State

LARGO

FL

City & State

TAMPA

FL

Zip

33771

Country

US

Zip

33619

Country

US

4. FEI Number**59-3575770****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 AgentMASCARA ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE
ST. PETERSBURG
33702

FL

US

7. Name and Address of New Registered Agent**Name**

MASCARA ERNEST L

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

GLADES BUILDING, SUITE 303

877 EXECUTIVE CENTER DRIVE WEST

City

ST. PETERSBURG

FL**Zip Code**

33702

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)

04/18/2000

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	D		<input type="checkbox"/> Delete
NAME	DYER	GEOFFREY A	
STREET ADDRESS	3018 NORTH U.S. HIGHWAY 301 SUITE 950		
CITY-ST-ZIP	TAMPA	FL	336492207

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DYER	GEOFFREY A		
STREET ADDRESS	497 FIRST STREET WEST			
CITY-ST-ZIP	TIERRA VERDE	FL	33715	

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
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
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:** Geoffrey A. Dyer**DIP:** 04/18/2000