2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90151 020 ***150.00

DOCUMENT # P99000041880

1. Entity Name
ALL WOMEN'S FITNESS CLUB OF OCOEE, INC.

Principal Place of Business	Mailing Address
10908 W COLONIAL DR OCOEE FL 34761	280 STATE ROAD 434 STE. 1049 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4732 S. KIRKMAN RD Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FL
Zip / Country	Zip: 32811 / Country: ORANGE

4. FEI Number 59-3575948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PALLUCK, BERNARD
280 STATE ROAD 434 STE. 1049
ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: PATTI JOHNSON
Street Address (P.O. Box Number is Not Acceptable):
8541 CEDAR COVE DR.
City: ORLANDO FL Zip Code: 32819

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] 4-17-01
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required on reinstatement) 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALLUCK, BERNARD 102 SWEETWATER CLUB BLVD. LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER PATRICIA JOHNSON 8541 CEDAR COVE DR. ORLANDO, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCGRAW, MATTHEW 308 WESCLIFF DR OCOEE FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KOSTELLIK, PHILLIP 626 STANHOPE DR CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HEARON, LISA 1162-A PASEO DEL MAR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAHN, MARESSA 8203 CHELSWORTH DR ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JENKINS, JILL W 6118 GAMBLE DR ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: [signature] 4-17-2001 407-293-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #