

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000047903**

1. Entity Name  
**Y2 FITNESS, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:46

Principal Place of Business  
**141 N.W. 20TH STREET  
BOCA RATON FL 33441**

Mailing Address  
**141 N.W. 20TH STREET  
BOCA RATON FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**141 NW 20th Street**

3. Mailing Address  
**141 NW 20th Street**

Suite, Apt. #, etc.  
**A-6**

Suite, Apt. #, etc.  
**A-6**

City & State  
**Boca Raton, FL**

City & State  
**Florida**

Zip  
**33431**

Country

Zip  
**33431**

Country

4. FEI Number ☒ 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

**COLLINS, KATHLEEN A  
1921 E ATLANTIC BLVD  
POMPANO BEACH FL 33060**

Name  
**Tammy Simpson**

Street Address (P.O. Box Number is Not Acceptable)  
**141 NW 20th Suite A-6**

City **Boca Raton** FL Zip Code **33431**

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 **Tammy Simpson** x **Tammy Simpson**  
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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 ☐ Delete  
NAME **D SIMPSON, TAMMY**  
STREET ADDRESS **1998 NE 7TH STREET**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

TITLE ☐ Delete  
NAME **D Denise Morris**  
STREET ADDRESS **4841 Brighton Lakes Blvd.**  
CITY-ST-ZIP **Bayton Beach FL 33426**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: **Tammy Simpson** 561 750 3371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)