

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90208 028 ***150.00

DOCUMENT # P99000049194

1. Entity Name

FIRST COAST FITNESS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

BOX 331333
ATLANTIC BEACH FL 32266

PO BOX 331333
ATLANTIC BEACH FL 32233-1333

2. Principal Place of Business

2275 Atlantic Blvd.

Suite, Apt. #, etc.
Suite 100

3. Mailing Address

P.O. Box 330108

Suite, Apt. #, etc.

City & State
Neptune Beach, Florida

City & State
Atlantic Beach, Florida

4. FEI Number
59-3578282

Applied For
Not Applicable

Zip
32266

Country
Duval

Zip
32233-0108

Country
Duval

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

HIONIDES, CHRIS
2275 ATLANTIC BLVD. STE. 100
NEPTUNE BEACH FL 32266

Name

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

City

FL

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete
D
HIONIDES, CHRIS
2275 ATLANTIC BLVD. STE. 100
NEPTUNE BEACH FL 32266

TITLE
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
Date

(904) 241-1501
Daytime Phone #

CR2E034 (9/99)