

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90048 018 ***150.00

DOCUMENT # P99000052960

1. Entity Name

FITNESS NATION OF TAMPA, INC.

Principal Place of Business

Mailing Address

7116 GULF BLVD. STE E
 ST PETE BEACH FL 33706

7116 GULF BLVD. STE E
 ST PETE BEACH FL 33706-1944

2. Principal Place of Business

6564 44th Street N.

3. Mailing Address

Suite, Apt. #, etc.

Bldg 8, Unit 804

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

4. FEI Number

52-2175476

Applied For

Not Applicable

Zip

33781

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNAMARA, TERRANCE P
7116 GULF BLVD. STE E
ST PETE BEACH FL 33706

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, TERRANCE P	NAME	
STREET ADDRESS	7116 GULF BLVD. STE E	STREET ADDRESS	
CITY-ST-ZIP	ST PETE BEACH FL 33706	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D, P, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Dunton, Michael L.
STREET ADDRESS		STREET ADDRESS	6564 44th St.N, Bldg 8, Unit 804
CITY-ST-ZIP		CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	<input type="checkbox"/> Delete	TITLE	D, V, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Gross, Greg
STREET ADDRESS		STREET ADDRESS	6564 44th St.N, Bldg 8, Unit 804
CITY-ST-ZIP		CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Gregory J Gross
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

727-528-8720

Daytime Phone #

Greg Gross, Vice President

CR2E034 (9/99)