

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074508

1. Entity Name

FITNESS CHECK NUTRITION INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90078 039 ***150.00

Principal Place of Business

6181 RALEIGH ST STE 1820
ORLANDO FL 32835

Mailing Address

6181 RALEIGH ST STE 1820
ORLANDO FL 32835-2298

2. Principal Place of Business

2909 RICHMOND ROAD

3. Mailing Address

167 W. MAIN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1010

City & State

LEXINGTON, KY

City & State

LEXINGTON, KY

4. FEI Number

59-3559935

Applied For

Not Applicable

Zip

40509

Country

USA

Zip

40507

Country

USA

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

JOHNSON, BRIAN P
6181 RALEIGH ST STE 1820
ORLANDO FL 32835

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BRIAN P JOHNSON
127 MAPLE GROVE CT
BARDSTOWN, KY 40004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-2000 407-421-5799

CR2E034 (9/99)