

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086127

1. Entity Name

J D FITNESS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4400 PGA BLVD.  
SUITE 700  
PALM BEACH GARDENS FL 33410

4400 PGA BLVD.  
SUITE 700  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

BOYER, JOHN W  
4400 PGA BLVD.  
SUITE 700  
PALM BEACH GARDENS FL 33410

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 beneficial owner, 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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYER, JOHN W 4 GRAWEMOOR TERRACE PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T, S. 734 SANDY POINT LANE NORTH PALM BEACH FL 33410	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

561-622-1974

Daytime Phone #

FILED  
Jul 10, 2001 8:00 am  
Secretary of State

05-10-2001 90094 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

05-1053733

CR2E034 (10/00)

Attachment 9598  
JOHN W. BOYER, P.A.

CERTIFIED PUBLIC ACCOUNTANT  
4400 PGA BOULEVARD  
SUITE 700  
PALM BEACH GARDENS, FLORIDA 33419  
TELEPHONE: (561) 622-1974  
FACSIMILE: (561) 624-5367

#P99000086127

July 5, 2001

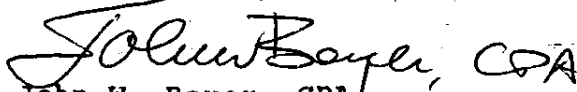
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please accept this letter as a written request to abate any penalties associated with the filing of the Corporate Annual Report for JD Fitness Enterprises, Inc. for the current year. We sent in the check for \$150.00 with the report on a timely basis however we did not include the Federal ID# and you returned the report to us. Due to a hardship in retrieving the corporate records and determining whether a SS4 Form was filed with the IRS, it took two months in order to obtain the Federal ID# for JD Fitness Enterprises, Inc. and therefore complete the Corporate Annual Report.

Please note that the Federal ID# is 65-1053733. Thank you for your cooperation in this matter.

Sincerely,

  
John W. Boyer, CPA