

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086307

1. Entity Name

COCONUT CREEK FITNESS CORP.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90021 040 \*\*\*150.00

Principal Place of Business

670 PINE RIDGE TERR.  
DAVIE FL 33325

Mailing Address

670 PINE RIDGE TERR.  
DAVIE FL 33325-1272

2. Principal Place of Business

686 Lake Blvd  
Suite, Apt. #, etc.

3. Mailing Address

686 Lake Blvd  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Weston, FL 33326

City & State

Weston, FL 33326

4. FEI Number

65-0954758

Applied For

Not Applicable

Zip

33326

Country

Broward

Zip

33326

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELL, MICHAEL P  
670 PINE RIDGE TERR.  
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name Michael P. Bell

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

686 Lake Blvd

City

Weston, FL

FL

Zip Code  
33326

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 *Michael Bell*

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

TITLE **D** ☐ Delete  
NAME **BELL, MICHAEL P**  
STREET ADDRESS **670 PINE RIDGE TERR.**  
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
NAME **Michael P. Bell**  
STREET ADDRESS **686 Lake Blvd**  
CITY-ST-ZIP **Weston, FL 33326**

TITLE **V** ☐ Change ☒ Addition  
NAME **Mike Roseman**  
STREET ADDRESS **4013 Turquoise Road**  
CITY-ST-ZIP **Fort Lauderdale, FL 33309-3331**

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

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

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

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: *Michael Bell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #