

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90257 018 ***150.00

DOCUMENT # P99000093227

1. Entity Name
RUSHING FITNESS CENTER OF FLORIDA, INC.

Principal Place of Business Mailing Address
5161 MAJORCA CLUB DRIVE **5161 MAJORCA CLUB DRIVE**
BOCA RATON FL 33486 **BOCA RATON FL 33486-8709**

2. Principal Place of Business 3. Mailing Address
5540 N. FEDERAL HWY **PO Box 6648**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BOCA RATON, FL **GREENVILLE SC**
 Zip Country Zip Country
33487 **PALE BEACH** **29606**

4. FEI Number Applied For
65-0956117
 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
RUSHING, JOHN C JR. Name **JOHN C. RUSHING, JR.**
5161 MAJORCA CLUB DRIVE Street Address (P.O. Box Number is Not Acceptable) **7491 N. FEDERAL HWY C-5 # 297**
BOCA RATON FL 33486 City **BOCA RATON** FL Zip Code **33487**

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	<input type="checkbox"/> Delete		TITLE	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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: **RICHARD A. GRANT** SECRETARY Date **5/21/00** Daytime Phone # **(864) 234-7636**