

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093227

1. Entity Name

RUSHING FITNESS CENTER OF FLORIDA, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90003 023 ***150.00

Principal Place of Business

Mailing Address

5161 MAJORCA CLUB DRIVE
 BOCA RATON FL 33486

5161 MAJORCA CLUB DRIVE
 BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

5540 N. Federal Hwy
 Suite, Apt. #, etc.

5540 N. Federal Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0956117

Applied For

Not Applicable

Zip

33487

Country

US

Zip

33487

Country

US

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.
 5161 MAJORCA CLUB DRIVE
 BOCA RATON FL 33486

Name

John C. Rushing Jr

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

4748 S. Ocean Blvd #501

City

Highland Beach 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSHING, JOHN C JR.	
STREET ADDRESS	5161 MAJORCA CLUB DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSHING, J. CARROLL	
STREET ADDRESS	5161 MAJORCA CLUB DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John C Rushing Jr	
STREET ADDRESS	4748 S. Ocean Blvd #501	
CITY-ST-ZIP	Highland Beach FL 33487	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Carroll Rushing	
STREET ADDRESS	4748 S. Ocean Blvd #501	
CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Rushing Jr 4-27-01

Date

Daytime Phone #

CR2E034 (10/00)