

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
 01-26-2000 90024 044 ***150.00

DOCUMENT # P99000097205

1. Entity Name

FITNESS SYSTEMS OF CONWAY, INC. *U34*

Principal Place of Business

Mailing Address

**7445 PRESCOTT LANE
 LAKE WORTH FL 33467**

**7445 PRESCOTT LANE
 LAKE WORTH FL 33445-6677**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16389 BRIDLEWOOD CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

16389 BRIDLEWOOD CIR

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33445

Country

City & State

DELRAY BEACH, FL

Zip

33445

Country

4. FEI Number

65-0964481

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

**WOOLARD, ANN
 7445 PRESCOTT LANE
 LAKE WORTH FL 33467**

Name

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

16389 BRIDLEWOOD CIRCLE

City

DELRAY BEACH

FL

Zip Code

33445

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

1/10/00

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	D	<input type="checkbox"/> Delete
NAME	WOOLARD, JAMES J	
STREET ADDRESS	7445 PRESCOTT LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOLARD, ANN	
STREET ADDRESS	7445 PRESCOTT LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>16389 BRIDLEWOOD CIRCLE</i>
STREET ADDRESS	<i>DELRAY BEACH, FL 33445</i>
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>16389 BRIDLEWOOD CIRCLE</i>
STREET ADDRESS	<i>DELRAY BEACH, FL 33445</i>
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	
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

ANN WOOLARD

Date

Daytime Phone #

1/10/00 561 638 7676

CR2E034 (9/99)