

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S40408

1. Entity Name

WOMEN'S HEALTH AND FITNESS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90151 013 ***150.00

Principal Place of Business

102 SWEETWATER CLUB BLVD
LONGWOOD FL 32779
US

Mailing Address

280 STATE RD #434
SUITE 1049
ALTAMONTE SPRINGS FL 32714
US

2. Principal Place of Business

3. Mailing Address

4732 S. KIRKMAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

4. FEI Number

59-3058748

Applied For

Not Applicable

Zip

Country

Zip

Country

32811

ORANGE

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

PALLUCK, BERNARD
102 SWEETWATER CLUB BLVD
LONGWOOD FL 32779

Name

PATTI JOHNSON

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

8541 CEDAR COVE DR.

City

ORLANDO

State

Zip Code

32819

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-01

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 PT
NAME PALLUCK, BERNARD F.
STREET ADDRESS 102 SWEETWATER CLUB BLVD
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE TREASURER
NAME PATRICIA JOHNSON
STREET ADDRESS 8541 CEDAR COVE DR.
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Change ☒ Addition

TITLE VPS
NAME PALLUCK, EDDIE M
STREET ADDRESS 102 SWEETWATER CLUB
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this report 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-2001 407-293 9200

CR2E034 (10/00)