

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58862

1. Entity Name  
FITNESS FACTORY, INC.

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**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90096 016 \*\*\*150.00

Principal Place of Business  
C/O LIFESTYLES FAMILY FINTESS  
10781 PARK BLVD  
SEMINOLE FL 33772  
US

Mailing Address  
PO BOX 60235  
ST. PETERSBURG FL 33784



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3910-31st. STREET North

3. Mailing Address

Suite, Apt. #, etc.  
~~St. Petersburg, FL~~

Suite, Apt. #, etc.

City & State  
St. Petersburg, FL

City & State

Zip  
33714

Country  
USA

Zip

Country

4. FEI Number 59-3137482

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SAMMARCO, JOSEPH S.  
3910-B 31ST STREET NORTH  
ST. PETERSBURG FL 33714

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SAMMARCO, JOSEPH S.  
3910-B 31ST ST. NORTH  
ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
SAMMARCO, JENNIFER J.  
3910-B 31ST ST. NORTH  
ST. PETERSBURG FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Joseph S. Sammarco* 7/19/00 (727) 526-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)