2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V66469** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name A PLACE FOR FITNESS, INC. 04-03-2000 90159 023 \*\*\*150.00 Principal Place of Business Mailing Address 18679 SE FEDERAL HIGHWAY 18679 SE FEDERAL HIGHWAY TEQUESTA FL 33469 TEQUESTA FL 33469-1721 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0361983 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBENFELD, DAREN E Street Address (P.O. Box Number is Not Acceptable) 18679 SE FEDERAL HIGHWAY TEQUESTA FL 33649 City Zip Code F۱ 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE MILLER, ROBERT L. NAME NAME STREET ADDRESS 10397 SOUTHERN BLVD. STREET ADDRESS CITY-ST-ZIP **ROYAL PALM BEACH FL 33469** CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE RUBENFELD, DAREN E NAME NAME STREET ADDRESS STREET ADDRESS 18679 SE FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** Addition ☐ Delete Change TITLE AUSTIN, CHRISTOPHER NAME NAME 18679 SE FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS 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:

Daytime Phone #

**FILED**