

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91618 019 ****61.25

DOCUMENT # 708152

1. Entity Name

INTERNATIONAL SWIMMING HALL OF FAME, INC.

Principal Place of Business

Mailing Address

**HALL OF FAME DR.
 FORT LAUDERDALE FL 33316**

**1 HALL OF FAME DR.
 FORT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1087179

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FREAS, SAMUEL J., DR. ED.D
 HALL OF FAME DRIVE
 FORT LAUDERDALE FL 33316**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	KEMPTHORNE, ALICE	
STREET ADDRESS	5701 BAYVIEW DRIVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	
TITLE	COB	<input type="checkbox"/> Delete
NAME	FORESTER, SAMUEL	
STREET ADDRESS	500 E BROWARD BLVD STE 2100	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EBERT, JOHN	
STREET ADDRESS	2825 NE 25TH CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PICKERT, LYNN	
STREET ADDRESS	211 W PEARL STREET PO BOX 447	
CITY-ST-ZIP	UNION CITY IN 47390	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	FREAS, SAMUEL J., DR. ED	
STREET ADDRESS	1 HALL OF FAME DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
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		
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *954-462-65364-17-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)