

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90214 006 ****61.25

DOCUMENT # 708152

1. Entity Name
INTERNATIONAL SWIMMING HALL OF FAME, INC.



Principal Place of Business
**1 HALL OF FAME DR.
FORT LAUDERDALE FL 33316**

Mailing Address
**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
1 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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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 checked="" type="checkbox"/> Delete |
| NAME | FORESTER, SAMUEL | |
| STREET ADDRESS | 500 E BROWARD BLVD STE 2100 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | |
| TITLE | VD | <input checked="" 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 | RICKERT, 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 | COB | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EBERT, John | |
| STREET ADDRESS | 2825 NE 25th ct | |
| CITY-ST-ZIP | Fort Laud, FL 33305 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Date - Newburger | |
| STREET ADDRESS | 201 S Capitol Ave Suite 200 | |
| CITY-ST-ZIP | Indianapolis IN 46225 | |
| 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 1907(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]
SIGNATURE REQUIRED

954-462-6536

CR2E037 (10/02)