

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90007 014 ****61.25

0091820

DOCUMENT # 713341
 1. Entity Name
COLLEGE SWIMMING COACHES ASSOCIATION OF AMERICA, INC.

Principal Place of Business 3077 NICHOLS HWY STE. 118 GALIVANTS FERRY SC 29544 US	Mailing Address 3077 NICHOLS HWY STE. 118 GALIVANTS FERRY SC 29544 US
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2. Principal Place of Business SAME →	3. Mailing Address 6415 ROCKY BLUFF # 201
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State COLORADO SPRINGS, CO 80918	4. FEI Number 59-6145666	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 80918	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**HOWELL, MARY
 777 S. FEDERAL HWY
 #E201
 POMPANO BEACH FL 33062**

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LISA, TONY 201 MULICA HILLS RD GLASSBORO NJ 08028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEGERLE, DONALD R ATHLETIC DEPT./TUFTS UNIVERSITY MEDFORD MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED BOETTNER, ROBERT 3077 NICHOLS HWY GALIVANTS FERRY SC 29544	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres POWERS, TIM ATHLETICS / SWIM COACH PROVO, UT 84602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EX DIR BOETTNER, ROBERT 6415 ROCKY BLUFF # 201 COLORADO SPRINGS, CO 80918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *U.S. R. M. M. [Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-02 719 266 0064
 Date Daytime Phone #

CR2E037 (9/01)