# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 31, 2001 8:00 am**
**Secretary of State**
01-31-2001 90297 041 ****70.00

DOCUMENT # 749414

1. Entity Name

FLORIDA SWIMMING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5151 ADAMSON ST<br>STE 108<br>ORLANDO FL 32808 | 5151 ADAMSON ST<br>STE 108<br>ORLANDO FL 32808 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5151 ADAMSON ST. | 5151 ADAMSON ST. |
| Suite, Apt. #, etc.: SUITE 108 | Suite, Apt. #, etc.: SUITE 108 |
| City & State: ORLANDO FL | City & State: ORLANDO FL |
| Zip: 32804 Country: USA | Zip: 32804 Country: USA |

4. FEI Number: 31-1012800 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| KELLY, JIM<br>5151 ADAMSON ST<br>STE 108<br>ORLANDO FL 32808 | Name: JIM KELLY<br>Street Address (P.O. Box Number is Not Acceptable): 5151 ADAMSON ST.<br>SUITE 108<br>City: ORLANDO FL Zip Code: 32804 |

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: J Kelly — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 1/9/01

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KELLY, JIM<br>4103 MURIEL PL<br>TAMPA FL 33614 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BANKS, PETER<br>14320 DIPLOMAT DR<br>TAMPA FL 33613 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NICKSON, APRYLE<br>8577 CEDAR COVE DR<br>ORLANDO FL 32819 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARON, LINDA<br>12840 93RD AVE NORTH<br>SEMINOLE FL 33776 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARON, LINDA<br>9915 DISCOVERY TERRACE<br>BRADENTON, FL 34202 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 J Kelly — 1/9/01 — 813-961-1368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #