2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90082 007 ****61.50

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DOCUMENT # **749414**

1. Entity Name

FLORIDA SWIMMING, INC.

Principal Place of Business	Mailing Address
~~5151 ADANSON ST~~ ~~STE 108~~ ~~ORLANDO FL 32804~~	~~5151 ADANSON ST~~ ~~STE 108~~ ~~ORLANDO FL 32804~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
215 CITRUS TOWER BLVD	215 CITRUS TOWER BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT, FL 347[redacted]11	City & State: CLERMONT, FL
Zip: 34748 Country: [redacted] US	Zip: 347[redacted]11 Country: US

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 5151 ADANSON ST STE 108 ORLANDO FL 32804	Name: JIM KELLY Street Address (P.O. Box Number is Not Acceptable): 215 CITRUS TOWER BLVD City: CLERMONT FL Zip Code: 347[redacted]11

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: Jim Kelly — 3-25-02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KELLY, JIM 4103 MURIEL PL TAMPA FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EXECUTIVE DIRECTOR HELEN KELLY 215 CITRUS TOWER BLVD. CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANKS, PETER 14320 DIPLOMAT DR TAMPA FL 33613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD WILLIAM VARGO 430 SW 43RD PLACE OCALA, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKSON, APRYLE 8577 CEDAR COVE DR ORLANDO FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD STUART MICHELSON 5680 S. LAKE BURKETT LANE WINTER PARK, FL 32792	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARON, LINDA 9915 DISCOVERY TERRACE BRADENTON FL 34202	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNED Helen Kelly — 3-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #