

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91160 045 ****61.25

DOCUMENT # N00000000740

1. Entity Name

PONTE VEDRA RESORTS SWIM TEAM, INC.

Principal Place of Business

Mailing Address

229 SEA COAST LANE
 PONTE VEDRA BEACH FL 32082

229 SEA COAST LANE
 PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

3. Mailing Address

200 Ponte Vedra Blvd
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Ponte Vedra Beach FL

City & State

4. FEI Number **59-3623368**

Applied For
 Not Applicable

Zip
 32082

Country
 USA

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, EDWARD S
200 FIRST STREET
NEPTUNE BEACH FL 32268

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 Delete
 NAME **PD MARSHALL, KIM**
 STREET ADDRESS **229 SEA COAST LANE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Change Addition
 NAME **V Debbie Buenaga**
 STREET ADDRESS **413 E. Woodhaven Drive**
 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE Delete
 NAME **HCT FLETCHER, JULIE**
 STREET ADDRESS **129 TWELVE OAKS LANE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T ARNOLD, KATHI**
 STREET ADDRESS **8 SAN DIEGO RD**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Kim Marshall* **Kim Marshall**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/14/02** Daytime Phone # **9042800959**

CRZE037 (9/01)