## 2002 UNIFORM BUSINESS REPORT (UBR)

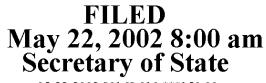
## P97000099850 DOCUMENT #

1. Entity Name

SWIM WORLD OF FLORIDA CITY, INC. Certified Mail #

7001 1940 0006 5532 1325

Mailing Address Principal Place of Business P.O. BOX 9 5250 S MCINTOSH ROAD SARASOTA FL 34230-0009 SARASOTA FL 34233



05-22-2002 90168 010 \*\*\*150.00



US US							
2. Principal Place of Business		3. Mailing Address			) 1 <b>4191 19191 19191 1</b>	JANYA BOUL IOOL	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE		
City & State		City & State		1 T 1 E 1 TON 100 101		oplied For ot Applicable	
Zip	Country	Zip	Country		\$8.75 Add Fee Require		
<u> </u>	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered	Agent		
الأراب المحييان معلى المستميل المستميل المستميد المستميد المستميد المستميد المستميد المستميد المستميد المستميد			Name - C-				
JOHNSON, T.J. JR 5250 S MCINTOSH ROAD			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	CINTUSH HUAD A FL 34233				<del></del>		
SARASUI	A FL 34233		City	FL	Zip Cod	e	
<del></del>					<u> </u>		
8. The above	e named entity submits this statement for	the purpose of changing its	s registered office or regis	tered agent, or both, in the State of Florida.			
0.00.47.155							
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature requi	tred when reinstating) DATE			
			/!!! FEE IS \$150.00	10. Election Campaign Financing	\$5.0	<b>)0</b> May Be	
Tax filing	requirement and elects to do so.	After May 1, 20	002 Fee will be \$550.00	Trust Fund Contribution.	J Adder	d to Fees	
	ria on back)		ble to Department of S	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
11.	OFFICERS AND	DIRECTORS  Delete	12.	ADDITIONS/CHANGES TO OFFICERO ME	☐ Change	Addition	
TITLE NAME ;	DP JOHNSON, T.J. JR	. Detete	NAME		_ `		
STREET ADDRESS	5250 S MCINTOSH RD		STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34233		CITY-ST-ZIP				
TITLE	DVP	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	JOHNSON, JUDITH		NAME				
STREET ADDRESS	5250 S MCINTOSH RD		STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP	SARASOTA FL 34233	☐ Delete	TITLE		☐ Change	Addition	
TITLE NAME		L Deserte	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME			NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
		Delete	TITLE		☐ Change	Addition	
TITLE NAME		- Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		☐ Change	Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP				Section 119 07(3)(i) Florida Statutes, I further ce	rtify that the	information	
	والمرابع والمسترين والمسترين والمسترين والمرابع والمرابع والمرابع	. Heir filing dags not qualify:	tar the eventation stated in	section i 19 071.3111 Fiorida Statutes, Fluidier Ce	anny mat me	momation	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

required

**SIGNATURE:**