

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90017 014 ****61.25

DOCUMENT # 701567

1. Entity Name

BRANDON HILLS SWIM CLUB, INC.

Principal Place of Business

**712 W SYLVAN DRIVE
BRANDON FL 33510-3544**

Mailing Address

**712 W SYLVAN DRIVE
BRANDON FL 33510-3544**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1169656

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

**HORST, MARK
604 CAROLYN DRIVE
BRANDON FL 33510**

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

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **COPE, GAIL**
CITY-ST-ZIP **612 CAROLYN DR
BRANDON FL**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HALL, PENNY**
CITY-ST-ZIP **602 BEVERLY
BRANDON FL 33510**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CARROLL, PHILLIP**
CITY-ST-ZIP **610 CAROLYN DR
BRANDON FL 33510**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **HORST, JILL**
CITY-ST-ZIP **604 CAROLYN DRIVE
BRANDON FL 33510**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **WILKES, JUSTINE**
CITY-ST-ZIP **704 N SYLVAN
BRANDON FL 33510**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PHILLIP, CARROLL**
CITY-ST-ZIP **610 CAROLYN DRIVE
BRANDON FL 33510**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)