

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732374

1. Entity Name

GREATER SEMINOLE SWIM ASSOCIATION, INC.

Principal Place of Business

SEMINOLE HIGH SCHOOL
8401 131ST STREET NORTH
SEMINOLE FL 33776
US

Mailing Address

SEMINOLE HIGH SCHOOL
8401 131ST STREET NORTH
SEMINOLE FL 33776-3120
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1586169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAIGHT, THOMAS
6173 3RD AVENUE NORTH
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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 PST ☐ Delete
NAME HAIGHT, THOMAS C.
STREET ADDRESS 6173 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME HAIGHT, THOMAS C.
STREET ADDRESS 6173 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME BUEHLER, ANN
STREET ADDRESS 7659 132ND WAY NORTH
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ Delete
NAME TEXEL, DEANNA
STREET ADDRESS 10525 HETTRICH CIRCLE RD
CITY-ST-ZIP LARGO FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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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:

Thomas C. Haight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Haight 4/09/00 727-381-2891

Date

Daytime Phone #

CR2E037 (9/99)