

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90070 049 \*\*\*\*61.25

**DOCUMENT # 754698**

1. Entity Name

**FLORIDA GOLD COAST SWIMMING, INC.**

Principal Place of Business

Mailing Address

2627 ALAMANDA CT  
 FT.LAUDERDALE FL 33301

2627 ALAMANDA CT  
 FT.LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1012803**

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

7. Name and Address of New Registered Agent

**ANDREWS, JOHN S ESQ**  
**ANDREWS PHILLIPS & GALATIS**  
**1501 NE 4 AVE**  
**FT.LAUDERDALE FL 33304**

Name

*same*

Street Address (P.O. Box Numbers 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 NELSON, JACK**  
 STREET ADDRESS **503 SEABREEZE BLVD**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33316**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD DILLON, MICHAEL**  
 STREET ADDRESS **503 SEABREEZE BLVD.**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD CAVANAH, DICK**  
 STREET ADDRESS **951 US HIGHWAY #1**  
 CITY-ST-ZIP **N PALM BEACH FL 33408**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **C MALLERY, CHARLES**  
 STREET ADDRESS **P.O. BOX 248004 ASHE BLDG 205**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33124**

TITLE  Change  Addition  
 NAME **Robert Caragol**  
 STREET ADDRESS **10728 S.W. 32 Street**  
 CITY-ST-ZIP **Miami, FL 33165**

TITLE  Delete  
 NAME **TD KEMPTHORNE, ALICE**  
 STREET ADDRESS **2627 ALAMANDA CT**  
 CITY-ST-ZIP **FT.LAUDERDALE FL 33301**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S ANSELL, JOE**  
 STREET ADDRESS **2202 PENNSYLVANIA DR**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33460**

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 of Alice Kempthorne Seaxuser*

CR2E037 (9/01)