

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770112

1. Entity Name

THE FORT MYERS SWIM CLUB, INC.

Principal Place of Business

1865 GOLFVIEW AVENUE
FORT MYERS FL 33901

Mailing Address

1865 GOLFVIEW AVENUE
FORT MYERS FL 33901-7964

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0841824

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHARITT, DON
1536 MANCHESTER BLVD.
FT. MYERS FL 33919

Name

Same

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 P ☐ Delete
NAME SHARITT, DON
STREET ADDRESS 1536 MANCHESTER BLVD
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☒ Addition
NAME Jill Passarella
STREET ADDRESS 871 Shaddlelee Lane
CITY-ST-ZIP Ft. Myers, FL 33919

TITLE D ☐ Delete
NAME NORMAN, JANET
STREET ADDRESS 3732 LUYERNE ST.
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Change ☒ Addition
NAME Chuck Cole
STREET ADDRESS 3717 Hanover St.
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE TD ☒ Delete
NAME GREEN, SANDRA
STREET ADDRESS 1203 VESPER DR
CITY-ST-ZIP FT MYERS FL 33901

TITLE ☐ Change ☒ Addition
NAME Josh Kelley
STREET ADDRESS 3805 Hanover St.
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE SD ☐ Delete
NAME GRETZ, ROBIN
STREET ADDRESS 3924 MAXINE ST
CITY-ST-ZIP FT. MYERS FL 33901

TITLE ☐ Change ☒ Addition
NAME Terri Bastar
STREET ADDRESS 3726 MAXINE ST
CITY-ST-ZIP FT. MYERS, FL. 33901

TITLE VPD ☒ Delete
NAME DUFFY, SARA
STREET ADDRESS 783 JULY CIRCLE
CITY-ST-ZIP N FT MYERS FL 33903

TITLE ☐ Change ☒ Addition
NAME Monie Lazenby
STREET ADDRESS 1314 Vesper Dr.
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE T ☒ Delete
NAME RABER, TOM
STREET ADDRESS 2190 SEBASTIAN CT
CITY-ST-ZIP ALVA FL 33920

TITLE ☐ Change ☒ Addition
NAME LISA BELCHER
STREET ADDRESS 8707 SOUTH WAKE CIR.
CITY-ST-ZIP FT. MYERS, FL. 33908

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 (9/99)