2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT #770112 Jul 02, 2001 8:00 am Secretary of State FORT MYERS SWIM Club, INC. 07-02-2001 90003 014 ****70.00 Mailing Address 1865 GotFriew Ave C0072337 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country ___ Country \$8.75 Additional Zip 5. Certificate of Status Desired Name and Address of New Registered 6. Name and Address of Current Registered Agent espent DON Shariff 1536 Manchester B/Vd Ft Myers, FL 33919 8. The above named entity submits this statement for the purpose of changing its registered office or SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so: ____Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back)— ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. uses ident. Change Delete 5,11 Assarella 871 Shaddeke Ln JIII BSSare 1 la 871 Shaddelee Ln NAME STREET ADDRESS STREET ADDRESS Muers CITY-ST-ZIP CITY-ST-ZIP President Delete TITLE Change TITLE Don Sharithester Blud onna Bowman NAME NAME STREET ADDRESS STREET ADDRESS Ft. Myers, FL 33919 CITY-ST-ZIP CITY-ST-ZIP Sarctary Lubin Gretz Change Delete TITLE Linda Masterson NAME NAME MAXINE ST STREET ADDRESS STREET ADDRESS FTMYERS, FL 3390. CITY-ST-ZIP CITY-ST-ZIP Reastines Change *Addition TITLE Delete And Thintfelt NAME NAME 7526 Cameon Cik 726 Maxine St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 the production of the corporation or attachment with an address with all other like programment. changed, or on an attachment with an address, with all a SIGNATURE: Daytime Phone #