

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90027 032 ****61.25

DOCUMENT # N00000002180

1. Entity Name

EAST PASCO SWIMMING, INC.

Principal Place of Business

Mailing Address

**14041 10TH STREET
 DADE CITY FL 33525**

**14041 10TH STREET
 DADE CITY FL 33525**

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

59-3636817

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

**ROSENBAUER, RUSSELL D
 14041 10TH STREET
 DADE CITY FL 33525**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBAUER, RUSSELL D	
STREET ADDRESS	14041 10TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHRADER, SUSAN S	
STREET ADDRESS	14041 10TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINCLAIR, SCOTT D	
STREET ADDRESS	14041 10TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEARNS, KATHRYN P	
STREET ADDRESS	14041 10TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TYNES, JANE K	
STREET ADDRESS	14041 10TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D	<input type="checkbox"/> Delete
NAME	Riddaugh, Gary	
STREET ADDRESS	37403 Church Ave.	
CITY-ST-ZIP	Dade City, FL 33525	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Riddaugh, Gary	
STREET ADDRESS	37403 Church Ave.	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE	D, T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBAUER, SHARON M	
STREET ADDRESS	14041 Tenth St	
CITY-ST-ZIP	Dade City, FL 33525	
TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBAUER, Russell D	
STREET ADDRESS	14041 Tenth St	
CITY-ST-ZIP	DADE City, FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, name, or other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell D. Rosenbauer 4/29/02 352/567-7926

Date

Daytime Phone #

CR2E037 (9/01)