

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90087 011 \*\*\*\*61.25

**DOCUMENT # N01000005024**

1. Entity Name

**EASTLAKE WOODLANDS SWIM TEAM, INC.**

Principal Place of Business

1374 FORESTEDGE BLVD  
OLDSMAR, FL 34677

Mailing Address

1374 FORESTEDGE BLVD  
OLDSMAR, FL 34677

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

EA-3741110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOYA, CAROL C  
2295 WARWICK DR  
OLDSMAR FL 34677

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LOTZ, SYBIL  
1374 FORESTEDGE BLVD  
OLDSMAR FL 34677 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FERDERBER, KELLY  
1374 FORESTEDGE BLVD  
OLDSMAR FL 34677 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REILLY, JANE  
1374 FORESTEDGE BLVD  
OLDSMAR FL 34677 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Joy sheets  
1374 Forestedge Blvd.  
Oldsmar, FL 34677 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Carol Moya*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/02  
Date

727-771-8287  
Daytime Phone #

*Sybil Lotz* 3-18-02

CR2E037 (9/01)