

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 30, 2002 8:00 am
Secretary of State

05-01-2002 91476 013 ****61.25

DOCUMENT # N01000007919

1. Entity Name

SWIMMING HALL OF FAME, INC.

Principal Place of Business

**ONE HALL OF FAME DRIVE
 FT. LAUDERDALE FL 33316**

Mailing Address

**ONE HALL OF FAME DRIVE
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**KREILING, EDWARD P
 2500 WESTON RD.
 STE. 220
 WESTON FL 33331**

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	SD	<input type="checkbox"/> Delete
NAME	Kemphorne, Alice	
STREET ADDRESS	5701 Bay View Dr	
CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	COB	<input type="checkbox"/> Delete
NAME	John Ebent	
STREET ADDRESS	2825 NE 25th Ct.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Lynn Pickett	
STREET ADDRESS	APIW Pearl St. PO Box 447	
CITY-ST-ZIP	Union City TN 47390	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	FREAS Samuel JR	
STREET ADDRESS	1 Hall of Fame Dr	
CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-462-6536
 Date Daytime Phone #

CR2037 (9/01)