

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90053 021 \*\*\*\*61.25

**DOCUMENT # N18025**

1. Entity Name

**TRINITY AQUATIC'S TEAM BOOSTER CLUB, INC.**

Principal Place of Business

Mailing Address

P O BOX 4373  
 WINTER PARK FL 32793  
 US

P O BOX 4373  
 WINTER PARK FL 32793-4373  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2788448**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHELSON, STUART**  
**2902 OAK BLUFF WAY**  
**OVIEDO FL 32765**

Name ~~Gordon, Charles~~  
 Street Address (P.O. Box Number is Not Acceptable)  
~~720 Virginia Dr.~~  
~~Winter Park, FL 32789~~  
 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 **DP**  Delete  
 NAME **BEAR, MARY**  
 STREET ADDRESS **3810 KINSLEY PLACE**  
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **DV**  Delete  
 NAME **SHINN, JANE**  
 STREET ADDRESS **1420 ELIZABETH DRIVE**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32789**

TITLE **DT**  Delete  
 NAME **STUART, MICHELSON**  
 STREET ADDRESS **2902 OAK BLUFF WAY**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **DS**  Delete  
 NAME **MIARS, ELLEN**  
 STREET ADDRESS **1320 CASA PARK CIRCLE**  
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP**  Change  Addition  
 NAME **Gordon, Charles**  
 STREET ADDRESS **720 Virginia Dr.**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DT**  Change  Addition  
 NAME **Cassidy, Drew**  
 STREET ADDRESS **455 N. Interlachen Ave.**  
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **DS**  Change  Addition  
 NAME **Gerscovich, Katherine**  
 STREET ADDRESS **1185 Coachwood Ct.**  
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: Charles E Gordon 2/24/00 407 740 7946  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)