

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33034

1. Entity Name

NORTH FLORIDA CROWN NOVICE SWIMMING LEAGUE, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90039 002 ****61.25

Principal Place of Business

1700 SILVA MARINA DR
ATLANTIC BCH FL 32233

Mailing Address

% NANCY BRONER
1354 PINWOOD ROAD
JACKSONVILLE FL 32250-2931

2. Principal Place of Business

1700 SELVA MARINA DR.

3. Mailing Address

c/o Suzie Gunn

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1637 Ashmore Green Dr E



DO NOT WRITE IN THIS SPACE

City & State

Atlantic Beach, FL.

City & State

Jacksonville, FL.

4. FEI Number

59-2935151

Applied For

Not Applicable

Zip

32233

Country

Zip

32246

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLIN, SUSAN
1700 SELVA MARINA DR
ATLANTIC BCH FL 32233

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

Susan Carlin

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 D
NAME HEATH, MICHAEL
STREET ADDRESS 40 QUAIL LN
CITY-ST-ZIP JACKSONVILLE BCH FL ☐ Delete

TITLE DP
NAME CARLIN, SUSAN
STREET ADDRESS 1918 HICKORY LANE
CITY-ST-ZIP ATLANTIC BEACH FL ☐ Delete

TITLE D
NAME GUNN, SUZIE
STREET ADDRESS 1637 ASHMORE GREEN DR E
CITY-ST-ZIP JAX FL 32246 ☐ 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 ☐ Change ☐ Addition

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

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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:

Susan Carlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

904/246-9123

Daytime Phone #

CR2E037 (9/99)