

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N33034

1. Entity Name

NORTH FLORIDA CROWN NOVICE SWIMMING LEAGUE, INC.

Principal Place of Business

Mailing Address

1700 SILVA MARINA DR
 ATLANTIC BCH FL 32233

% 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

City & State

Atlantic Beach, Fl.

City & State

Jacksonville, Fl.

Zip

32233

Country

Zip

32246

Country

4. FEI Number

59-2935151

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

CARLIN, SUSAN
 1700 SELVA MARINA DR
 ATLANTIC BCH FL 32233

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

TITLE: Delete

TITLE: Change Addition
 NAME: Change Addition
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 STREET ADDRESS: Change Addition
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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 SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

904/246-9123

Daytime Phone #

CR2E037 (9/99)