2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 17, 2001 8:00 am **DOCUMENT # N33034 Secretary of State** 1. Entity Name 07-17-2001 90007 037 ****61.25 NORTH FLORIDA CROWN NOVICE SWIMMING LEAGUE, INC. Principal Place of Business Mailing Address 1700 SILVA MARINA DR C/O SUZIE GUNN ATLANTIC BCH FL 32233 1637 ASHMORE GREEN DR E A0077764 JACKSONVILLE FL 32246 Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2935151 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1700 SELVA MARINA DR ATLANTIC BOH FL 32233 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 **\$5.00** May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (5/01)TITLE ☐ Delete TITLE HEATH, MICHAEL NAME NAME **CR2E037** 40 QUAIL LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE BCH FL CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change CARLIN, SUSAN NAME NAME 1918 HICKORY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GUNN, SUZIE NAME NAME STREET ADDRESS 1637 ASHMORE GREEN DR E STREET ADDRESS CITY-ST-ZIP JAX FL 32246 CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

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