

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46337

1. Entity Name

AQUATIC CLUB OF TEMPLE TERRACE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90021 047 ****61.25

Principal Place of Business	Mailing Address
C/O TEMPLE TERRACE RECREATION CENTER 6610 WHITEWAY DRIVE TEMPLE TERRACE FL 33617 US	6610 WHITEWAY DRIVE TEMPLE TERRACE FL 33617-3215 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
59-3094590	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
OLINGER, PENNY 18904 PEBBLE RUNWAY TAMPA FL 33647

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 remitting) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	MUNOZ, MIGUEL
STREET ADDRESS	10004 TURKEY TROT PLACE 11404 E. Queens Way Drive
CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	TD <input type="checkbox"/> Delete
NAME	LONG, WENDY
STREET ADDRESS	6304 JACQUELINE ARBOR DR
CITY-ST-ZIP	TEMPLE TERRACE FL 33617
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	ANDERSON, CHIP
STREET ADDRESS	3901 SANDALWOOD DR.
CITY-ST-ZIP	LAND O' LAKES FL 34639
TITLE	P <input type="checkbox"/> Delete
NAME	O' LINGER, PENNY
STREET ADDRESS	18904 PEBBLE RUN WAY
CITY-ST-ZIP	TAMPA FL 33647
TITLE	D <input type="checkbox"/> Delete
NAME	THORNBURG, KIM
STREET ADDRESS	8716 34TH ST
CITY-ST-ZIP	TAMPA FL 33604
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	HOWER, JULIA
STREET ADDRESS	16010 WESTERHAM DR N
CITY-ST-ZIP	TAMPA FL 33647

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
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
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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/00 Daytime Phone # (813) 973-0752

CR2E037 (9/99)