

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-10-2001 90125 012 ****61.25

DOCUMENT # N46337

1. Entity Name

AQUATIC CLUB OF TEMPLE TERRACE, INC.



Principal Place of Business

C/O TEMPLE TERRACE RECREATION CENTER
 6610 WHITEWAY DRIVE
 TEMPLE TERRACE FL 33617
 US

Mailing Address

6610 WHITEWAY DRIVE
 TEMPLE TERRACE FL 33617
 US

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

59-3094590

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

Name

Miguel A. Munoz

Street Address (P.O. Box Number is Not Acceptable)

11404 E. QUEENSWAY DR.

Temple Terrace FL.

City

FL

Zip Code

33617

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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

6/25/01

**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 **VD** ☐ Delete
 NAME **MUNOZ, MIGUEL**
 STREET ADDRESS **11404 E. QUEENS WAY DR**
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE **TD** ☒ Delete
 NAME **LONG, WENDY**
 STREET ADDRESS **6604 JACQUELINE ARBOR DR**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **VD** ☒ Delete
 NAME **ANDERSON, CHIP**
 STREET ADDRESS **6601 SANDALWOOD DR.**
 CITY-ST-ZIP **LAND O' LAKES FL 34639**

TITLE **D** ☒ Delete
 NAME **THORNBURG, KIM**
 STREET ADDRESS **6716 34TH ST**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition
 NAME **Henry Hower**
 STREET ADDRESS **16010 W. WASHINGTON DRIVE**
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE **Treas.** ☒ Change ☐ Addition
 NAME **SHERY ANDERSON**
 STREET ADDRESS **14821 N. ROME AVE.**
 CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **Sac.** ☒ Change ☐ Addition
 NAME **Susan T. Pérez**
 STREET ADDRESS **6409 112th Ave**
 CITY-ST-ZIP **Temple Terrace, FL 33617**

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

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/25/01

Daytime Phone #

813-974-6011

CR2E037 (10/00)