

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90115 009 ****61.25

DOCUMENT # N46337

1. Entity Name

QUATIC CLUB OF TEMPLE TERRACE, INC.

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
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

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

City

FL

Zip Code

~~MUNOZ, MIGUEL A~~
~~11404 E. QUEENSWAY DRIVE~~
~~TEMPLE TERRACE FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/31/02

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

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **HOWER, HENRY**
CITY-ST-ZIP **16010 WESTERHAM DRIVE**
TAMPA FL 33647

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **ANDERSON, SHERRY**
CITY-ST-ZIP **14821 N. ROME AVENUE**
TAMPA FL 33613

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **PEREZ, SUSAN T**
CITY-ST-ZIP **6409 112TH AVE.**
TEMPLE TERRACE FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **MANNY A. MENENDEZ**
CITY-ST-ZIP **8221 CLERMONT STREET**
TAMPA FL 33637

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/31/02

813-989-3383

CR2E037 (9/01)