

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90189 018 \*\*\*\*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



☒ CHECK HERE IF MAKING CHANGES

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

**MUNOZ, MIGUEL A  
11404 E. QUEENSWAY DRIVE  
TEMPLE TERRACE FL 33617**

Name **HOWER, HENRY**

Street Address (P.O. Box Number is Not Acceptable)  
**16010 WESTERHAM DR.**

City **TAMPA**

**FL**

Zip Code  
**33647**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Henry Hower*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUNOZ, MIGUEL 11404 E. QUEENS WAY DR TEMPLE TERRACE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOWER, HENRY 16010 WESTERHAM DRIVE TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENEDEZ, MANNY A 8221 CLERMONT STREET TAMPA FL 33637	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, SUSAN T 6409 112TH AVE. TEMPLE TERRACE FL 33617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIANE FIELDS 8002 DORADO CT. TEMPLE TERRACE FL 33637	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWER, HENRY 16010 WESTERHAM DR TAMPA FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENENDEL, MANNY A 3047 AERIAL CT. LAND O' LAKES FL 34639	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASRUSA, DIANE M 6228 Cricket Hollow Dr. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB COLEMAN JEANNE 210 SUNNYSIDE RD. TEMPLE TERRACE 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

4/4/03

(813) 991-5686

CR2E037 (10/02)