

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 16, 2000 8:00 am
Secretary of State

04-17-2000 90014 010 ****61.25

DOCUMENT # N92000000507

1. Entity Name

LAKE COUNTY AQUATICS SWIM CLUB, INC.

Principal Place of Business

Mailing Address

**1018 MONTEREY DRIVE
LEESBURG FL 34748**

**P.O. BOX 491173
LEESBURG FL 34749-1173**

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

59-3170475

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

**LEACH, VIRGINIA
1018 MONTEREY DR.
LEESBURG FL 34748**

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 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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **BARLEY, ZOE A**
CITY-ST-ZIP **2144 MOPLES LN
FRUITLAND PARK FL**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT / Director
MICHAEL J. BAKICK**
STREET ADDRESS **P.O. BOX 417**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DAVID MARSHALL**
CITY-ST-ZIP **05634 HARBOR DR
FRUITLAND PARK FL 34731**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR
CAROL ANN HUDSON**
STREET ADDRESS **04039 EAGLE RIDGE DR**
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE ☒ Delete
NAME **P**
STREET ADDRESS **BALLARD, LORI**
CITY-ST-ZIP **25576 ARGEL WAY
SOLTEUH FL**

TITLE ☐ Change ☒ Addition
NAME **VICE-PRESIDENT / Director
PERRY E. BLESSING**
STREET ADDRESS **P.O. Box 152**
CITY-ST-ZIP **HOWEY IN THE HILLS, FL 34737**

TITLE ☐ Delete
NAME **T / Director
LEACH, VIRGINIA**
STREET ADDRESS **1018 S. MONTEREY**
CITY-ST-ZIP **LEESBURG FL 34748**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **KIMBER KEENE**
CITY-ST-ZIP **34614 ESTES RD
EUSTIS FL 32736**

TITLE ☐ Change ☒ Addition
NAME **SECRETARY / Director
SCOTT S. DUNCAN**
STREET ADDRESS **12642 MAY HILL DR**
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SPARKMAN, RICHARD**
CITY-ST-ZIP **9850 JACKSON RD
LEESBURG FL**

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:

PERRY E. BLESSING

4/4/00

352-324-2214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #