

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90040 037 ****70.00

DOCUMENT # N94000000095

1. Entity Name

AQUATIC EXERCISE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~302 ALBEE ROAD~~
~~NOKOMIS FL 34275~~

Change address

~~302 ALBEE ROAD~~
~~NOKOMIS FL 34275 2547~~

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3439 TECHNOLOGY DR.

3. Mailing Address

3439 TECHNOLOGY DRIVE

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

6

City & State

NOKOMIS FL

City & State

NOKOMIS FL

Zip **34275**

Country **USA**

Zip **34275**

Country **USA**

4. FEI Number

65-0454105

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIKENS, CHRISTOPHER A
1800 2ND ST STE 808
SARASOTA FL 34236

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 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

TITLE **DP** Delete
 NAME **SEE, JULIE**
 STREET ADDRESS **820 ALBEE RD. 3439 Technology Dr. #6**
 CITY-ST-ZIP **NOKOMIS FL NOKOMIS FL**

TITLE **DVST** Delete
 NAME **NELSON, ANGIE**
 STREET ADDRESS **950 PINTO CIR.**
 CITY-ST-ZIP **NOKOMIS FL**

TITLE **D** Delete
 NAME **ROLAND SEE**
 STREET ADDRESS **820 ALBEE RD. 3439 Technology Dr. #6**
 CITY-ST-ZIP **NOKOMIS FL NOKOMIS FL**

TITLE **D** Delete
 NAME **FOSELLA, PATRICIA**
 STREET ADDRESS **64 LIVINGSTON AVE.**
 CITY-ST-ZIP **CRANFORD NJ 07016**

TITLE **D** Delete
 NAME **HUFF, KIM**
 STREET ADDRESS **86 PEMBROKE DRIVE**
 CITY-ST-ZIP **KENILWORTH NJ 07033**

TITLE **D** Delete
 NAME **NELSON, DANIEL**
 STREET ADDRESS **950 PINTO CIRCLE 608 Bittner Blvd.**
 CITY-ST-ZIP **NOKOMIS FL 34275 NOKOMIS FL 34275**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR/VICE PRESIDENT** Change Addition
 NAME **JACK Wasserman**
 STREET ADDRESS **4512 Westover Terrace**
 CITY-ST-ZIP **KNOXVILLE TN 37914**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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] **REQUIRE SIGNATURE** **NELSON EXEC. DIRECTOR 1/26/00 941-496-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #