

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000095

1. Entity Name

AQUATIC EXERCISE ASSOCIATION, INC.

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

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

Principal Place of Business

Mailing Address

302 ALBEE ROAD  
NOKOMIS FL 34275

*Change  
address*

302 ALBEE ROAD  
NOKOMIS FL 34275-2547

010001



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

Name

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

City

FL

Zip Code

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

7. Name and Address of New Registered Agent

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 FOSSELLA, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 an other like empowered.

SIGNATURE:

*DANIEL NELSON* EXEC. DIRECTOR 1/26/00 941-486-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #