

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90129 034 ****70.00

0076806

DOCUMENT # N94000000095

1. Entity Name
AQUATIC EXERCISE ASSOCIATION, INC.

Principal Place of Business 3439 TECHNOLOGY DR #6 NOKOMIS FL 34275	Mailing Address 3439 TECHNOLOGY DR #6 NOKOMIS FL 34275
-----------------------------------------------------------------------	-----------------------------------------------------------

606115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
-------------------------------------------------------	-------------------------------------------

City & State	City & State	4. FEI Number 65-0454105	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LIKENS, CHRISTOPHER H
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SEE, JULIE <input type="checkbox"/> Delete 3439 TECHNOLOGY DR #6 410 Palmetto Ct. #9 Venice FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST NELSON, ANGIE <input type="checkbox"/> Delete PROCTOR 950 PINTO CIR. NOKOMIS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLAND SEE <input checked="" type="checkbox"/> Delete 3439 TECHNOLOGY DR #6 NOKOMIS FL deceased.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSSELLA, PATRICIA <input type="checkbox"/> Delete 64 LIVINGSTON AVE. CRANFORD NJ 07016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFF, KIM <input type="checkbox"/> Delete 86 PEMBROKE DRIVE KENILWORTH NJ 07033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, DANIEL <input type="checkbox"/> Delete 608 BITTNER BLVD NOKOMIS FL 34275

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ANGIE PROCTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition Legal Name change Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jack Wasserman 4512 Westover Terrace Knoxville, TN 37914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-484-0063

CR2E037 (10/00)