

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

65-0454105

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

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

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 DP ☐ Delete  
NAME SEE, JULIE  
STREET ADDRESS 3439 TECHNOLOGY DR #6 410 Palmetto Ct. #9  
CITY-ST-ZIP NOKOMIS FL Venice FL 34285

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ANGLE PROCTOR Legal  
CITY-ST-ZIP Director Name change

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

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS Jack Wasserman  
CITY-ST-ZIP 4512 Westover Terrace Knoxville, TN 37914

TITLE D ☒ Delete  
NAME ROLAND SEE  
STREET ADDRESS 3439 TECHNOLOGY DR #6  
CITY-ST-ZIP NOKOMIS FL deceased.

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

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

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

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

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

TITLE D ☐ Delete  
NAME NELSON, DANIEL  
STREET ADDRESS 608 BITTNER BLVD  
CITY-ST-ZIP NOKOMIS FL 34275

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-484-0063

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

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

606115



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)