

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001460

1. Entity Name

PASCO SUNCOAST SWIM TEAM, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90038 010 \*\*\*\*61.25

Principal Place of Business

Mailing Address

VETERANS MEMORIAL PARK  
HUDSON FL 34669  
US

P.O. BOX 7330  
HUDSON FL 34674-7330  
US

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

59-3233004

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

ELLROD, MATTHEW D  
5645 NEBRASKA AVENUE  
NEW PORT RICHEY FL 34652

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 VPD ☒ Delete  
NAME FINNERAN, DAWN  
STREET ADDRESS 15836 LYLE CIR.  
CITY-ST-ZIP HUDSON FL

TITLE VPD ☐ Change ☒ Addition  
NAME Luann Kuerner  
STREET ADDRESS 10906 Kitten Trail  
CITY-ST-ZIP Hudson, FL 34669

TITLE PD ☒ Delete  
NAME BRIED, JAMES  
STREET ADDRESS 15302 TERESA BLVD  
CITY-ST-ZIP HUDSON FL 34669

TITLE PD ☐ Change ☒ Addition  
NAME Nancy Paulo  
STREET ADDRESS 15310 Kitterell Dr.  
CITY-ST-ZIP Spring Hill, FL 34610

TITLE SD ☐ Delete  
NAME ANDERSON, MARILYN  
STREET ADDRESS 11256 BLACKWOOD DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE TD ☐ Delete  
NAME BIREN, JEANNINE  
STREET ADDRESS 9906 LAKEVIEW DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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 all other like empowered.

SIGNATURE:

*Matthew D. Ellrod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/00

727-862-7736

CR2E037 (9/99)