

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001146

FILED
Feb 09, 2003
Secretary of State

Entity Name: UNITED STATES LIFESAVING ASSOCIATION S.E. REGION, BOCA CHAPTER INC.

Current Principal Place of Business:

3939 NORTH OCEAN BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P O BOX 324
BOCA RATON, FL 334290324

New Mailing Address:

FEI Number: 65-0562191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGLAMERY, PATRICK
8371 BERMUDA SOUND WAY
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TURNER, SEAN
Address: P.O. BOX 453
City-St-Zip: BOCA RATON, FL 33429

Title: VPD () Delete
Name: YOUNG, KEVIN
Address: 286 SW 2ND ST STREET
City-St-Zip: BOCA RATON, FL 33432

Title: TD () Delete
Name: MCGLAMERY, PATRICK
Address: 8371 BERMUDA SOUND WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD () Delete
Name: KIRKWOOD, JASON
Address: 3234 N.W. 28TH TERRACE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MCGLAMERY

TD

02/09/2003

Electronic Signature of Signing Officer or Director

Date