

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005763

1. Entity Name

SWIM FOR LIFE FOR BROWARD COUNTY, INC. ✓

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90014 020 ****61.25

Principal Place of Business

3006 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

Mailing Address

3006 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0630343

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MATHENEY, J R
3006 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308

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

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME MATHENEY, J R
STREET ADDRESS 3006 E. COMMERCIAL BLVD.
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE D
NAME BOOTHROYD, RICHARD C
STREET ADDRESS 4933 NUTMEG AVE
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE TD
NAME CHELEKIS, RICHARD L
STREET ADDRESS 506 SE 3RD AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

James Robert Mathenev
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President July 19, 2000

954-776-6069
Daytime Phone #