

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0045749

DOCUMENT # N95000005763

1. Entity Name

SWIM FOR LIFE FOR BROWARD COUNTY, INC.

02-08-2001 90375 039 ****61.25

Principal Place of Business

Mailing Address

3006 E. COMMERCIAL BLVD.
 FORT LAUDERDALE FL 33308

3006 E. COMMERCIAL BLVD.
 FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Same as above

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0630343

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

7. Name and Address of New Registered Agent

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

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

TITLE Vice President/Director
 NAME William J. Young, Jr.
 STREET ADDRESS 3039 Longwood Drive, Riverbend
 CITY-ST-ZIP Shelby, North Carolina 28150 ☐ Change ☒ Addition

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

TITLE Director
 NAME Lois R. Langtry
 STREET ADDRESS 4734 River Road East
 CITY-ST-ZIP Morris town, New York 13664 ☐ Change ☒ Addition

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

TITLE Director
 NAME Victoria L. Mathenev
 STREET ADDRESS 1418 N.E. 57th Street
 CITY-ST-ZIP Fort lauderdale, FL 33304 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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* President *02/08/01* (954) 776-6069
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)