

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90138 041 ****70.00

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1. Entity Name

SWIM FOR LIFE FOR BROWARD COUNTY, INC.



Principal Place of Business

**3006 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

Mailing Address

**3006 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308**

Same as above.

2. Principal Place of Business

3. Mailing Address

Same as above.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0630343**

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

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

N/A

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **S** ☐ Delete
NAME **BOOTHROYD, RICHARD C**
STREET ADDRESS **4933 NUTMEG AVE**
CITY-ST-ZIP **CARASOTA FL 34231**

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

TITLE **TD** ☐ Delete
NAME **CHELEKIS, RICHARD L**
STREET ADDRESS **243 NE 10TH STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

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

TITLE **VPD** ☐ Delete
NAME **YOUNG, WILLIAM J**
STREET ADDRESS **3039 LONGWOOD DRIVE RIVERBEND**
CITY-ST-ZIP **SHELBY NC 28150**

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

TITLE **D** ☐ Delete
NAME **LANGTRY, LOIS L**
STREET ADDRESS **425A RIVER ROAD EAST**
CITY-ST-ZIP **MORRISTOWN NY 13864**

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

TITLE **D** ☐ Delete
NAME **MATHENEY, VICTORIA L**
STREET ADDRESS **1418 N.E. 57TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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: *James Robert Mathenev* President / Director *July 15, 2003*

CR2E037 (10/02)