

2000-UNIFORM-BUSINESS-REPORT (UBR)

DOCUMENT # N96000000559

1. Entity Name

BLUE WAVE SWIM TEAM, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90169 013 ****61.25

Principal Place of Business

405 BEVERLY BLVD
BRANDON FL 33511

Mailing Address

405 BEVERLY BLVD
BRANDON FL 33511-5507

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

59-3527380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CONNETT, STEPHEN G
111 E. MASON STREET
BRANDON FL 33511

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

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 BANKS, PETER
STREET ADDRESS 14320 DIPLOMAT DRIVE
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

TITLE VPD
NAME CARROLL, RICHARD
STREET ADDRESS 3902 AYALWOOD COURT
CITY-ST-ZIP VALRICO FL 33594 ☒ Delete

TITLE TD
NAME FABRY, JAN
STREET ADDRESS 3516 AUTUMN GLEN DRIVE
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE DS
NAME CARROLL, MARY BETH
STREET ADDRESS 3902 RYALWOOD COURT
CITY-ST-ZIP VALRICO FL 33594 ☐ Delete

TITLE D
NAME BRUCE E MARRINER
STREET ADDRESS 405 BEVERLY BLVD
CITY-ST-ZIP BRANDON FL 33511 ☒ Delete

TITLE D
NAME DONNA OVERMAN
STREET ADDRESS 405 BEVERLY BLVD
CITY-ST-ZIP BRANDON FL 33511 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE JUDY MARKS
NAME 1404 FRONT STREET
STREET ADDRESS VALRICO FL 33594 ☒ Change ☒ Addition

TITLE VPD
NAME RICHARD KICAK
STREET ADDRESS 3901 CARAVEL LANE
CITY-ST-ZIP VALRICO 33594 ☐ Change ☒ Addition

TITLE Connie Coz
NAME 2009 Lee Dr.
STREET ADDRESS VALRICO 33594 ☐ Change ☒ Addition

TITLE Kim McGeath
NAME 3907 Rolling Terrace Lane
STREET ADDRESS VALRICO 33594 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2000

813-968-2125

Date

Daytime Phone #