

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002667

1. Entity Name

PLANTATION CLUB SWIM TEAM, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90165 021 ****61.25

Principal Place of Business

950 DAVIS POND BOULEVARD
JACKSONVILLE FL 32259

Mailing Address

632 LAVENDER LANE
JACKSONVILLE FL 32259

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

505 Willow Oak Ln

Jacksonville FL

32259

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3447390

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TULLY, BETTY
632 LAVENDER LANE
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name Mark A. Boggs

Street Address (P.O. Box Number is Not Acceptable)
505 Willow Oak Ln

City Jacksonville FL

Zip Code 32259

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

M. A. Boggs

M. Boggs

1/22/02

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 NAME STREET ADDRESS CITY-ST-ZIP	P TULLY, BETTY 632 LAVENDER LANE JACKSONVILLE FL 32259	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEAUGRAND, SUSAN 360 CHICASAW COURT JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PINCKET, KATHY 221 N CHECKERBERRY LANE JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JENNIFER 120 BRACKEN COURT JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELGESON, MARIA 412 BONESET BRANCH LANE JACKSONVILLE FL 32259	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, STEVE 304 MAPLEWOOD DRIVE JACKSONVILLE FL 32259	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Mark Boggs 505 Willow Oak Ln Jacksonville, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senja Holloman Vice Pres. 312 S. Aster Trace Jacksonville, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Holly Carrillon 404 Standing Oak CT Jacksonville FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
President/Director

1/22/02 9048589328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)