

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

9/11/2003-90081-001-\$61.25-\$61.25

000177

DOCUMENT # N97000002667

1. Entity Name

PLANTATION CLUB SWIM TEAM, INC.



FILED

03 SEP 22 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
950 DAVIS POND BOULEVARD
JACKSONVILLE FL 32259

Mailing Address
505 WILLOW OAK W
JACKSONVILLE FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-3447390

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

BOGGS, MARK A
505 WILLOW OAK LN
JACKSONVILLE FL 32259

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. 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 renewing)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TULLY, BETTY
832 LAVENDER LANE
JACKSONVILLE FL 32259 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Henry Stevenson TREASURER
148 Cottage Cir
Jacksonville, FL 32259 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BOGGS, MARK
505 WILLOW OAK LN
JACKSONVILLE FL 32259 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HOLLMAN, SONJA
312 S ASTER TRACE
JACKSONVILLE FL 32259 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CARILLON, HELLY
404 STANFING OAK CT
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Be VP
Carillon, Holly Vice Pres
404 Standing Oak CT
Jacksonville, FL 32259 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUGHES, STEVE
304 MAPLEWOOD DRIVE
JACKSONVILLE FL 32259 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pat Collins Secretary
Lake Park Dr
Jacksonville FL 32259 ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/03

904 380 4543

Date

Daytime Phone #

CR2E037 (4/03)