

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005785

1. Entity Name

300 SWIM TEAM, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

02-03-2000 90003 047 ****61.25

Principal Place of Business 3715 NW 12TH AVE. GAINESVILLE FL 32605	Mailing Address 3715 NW 12TH AVE. GAINESVILLE FL 32605-4616
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address 620 NW 27th way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville FL	4. FEI Number 59-3561519	Applied For <input type="checkbox"/> Not Applicable
Zip 32607	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, MEEGAN
620 NW 27TH WAY
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **FL** Zip Code **32607**

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 Megan Wilson
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSENBAUM, WALTER A	
STREET ADDRESS	1521 NW 68 TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBAUM, WALTER	
STREET ADDRESS	1521 NW 68TH TERR	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, MEEGAN	
STREET ADDRESS	620 NW 27TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BUEHLER, VICTOR	
STREET ADDRESS	16535 NW 128 CT	
CITY-ST-ZIP	REDDICK FL 32686	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	GAINESVILLE	} same person
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Megan Wilson **Signature** Megan Wilson **Signature** 4/10/00 **Date** 352-373-0023 **Daytime Phone #**

CR2E037 (9/99)