

2000 UNIFORM BUSINESS REPORT (UBR)

8.

DOCUMENT # N99000001686

1. Entity Name

TEAM ORLANDO MASTERS SWIMMING, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

08-22-2000 90008 025 ****61.25

Principal Place of Business Mailing Address
 7300 SANDLAKE COMMONS BLVD..STE.105 7300 SANDLAKE COMMONS BLVD..STE.105
 ORLANDO FL 32819 ORLANDO FL 32819-8011

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 Applied For
 30-7481776 Not Applicable

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

TUKDARIAN & UNCAPHER, P.A.
 537 NORTH MAGNOLIA AVE.
 ORLANDO FL 32802-0949

new address →

Name TUKDARIAN & UNCAPHER PA

Street Address (P.O. Box Number is Not Acceptable)

228 Hillcrest St

City Orlando FL Zip Code 32801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
					(D)	HEAD COACH: President LUKE J MEISENHEIMER MD	7300 Sandlake Commons Blvd 105	Orlando FL 32819		
					(D)	SANDRA COMBS	827 W Princeton St	Orlando FL 32804		
					(D)	JENNIFER TWIGG	1325 Pleasantridge Pl	Orlando FL 32835		
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<input type="checkbox"/> Change	<input type="checkbox"/> Addition
									<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)