

**NOT-FOR-PROFIT CORPORATION
FORM BUSINESS REPORT (UBR)**

STATEMENT # **N99000001686**

TEAM ORLANDO MASTERS SWIMMING, INC.



FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90245 041 ****61.25

Principal Place of Business
**7300 SANDLAKE COMMONS BLVD..STE.105
ORLANDO FL 32819**

Mailing Address
**7300 SANDLAKE COMMONS BLVD..STE.105
ORLANDO FL 32819**

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 **30-7481776**

Applied For

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**

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MEISENINEIMER, LUCKY
7300 SANDLAKE COMMONS BLVD 105
ORLANDO FL 32819**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
COMBS, SANDRA
827 W PRINCETON STREET
ORLANDO FL 32804**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
TWIFAROL, JENNIFER
1325 PLEASANT RIDGE PL
ORLANDO FL 32835**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Donald Combs
827 W Princeton St
Orlando FL 32804**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 REQUIRED

2/19/03 4073522444

CR2E037 (10/02)