

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-22-2001 90029 008 ****61.25

DOCUMENT # **N99000002564**

1. Entity Name

MARLIN SWIM CLUB, INC.

Principal Place of Business

430 SW 43rd Place
 Ocala, Fl. 34474

Mailing Address

430 SW 43rd Place
 Ocala, Fl. 34474-6050

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

31-1742326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

VARGO, BILL
 430 SW 43rd Place
 Ocala, Fl. 34474

7. Name and Address of New Registered Agent

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VARGO, BILL	
STREET ADDRESS	430 SW 43rd Place	
CITY-ST-ZIP	Ocala, Fl. 34474	
TITLE	D	<input type="checkbox"/> Delete
NAME	VARGO, PAM	
STREET ADDRESS	430 SW 43rd Place	
CITY-ST-ZIP	Ocala, Fl. 34474	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANE, PHIL	
STREET ADDRESS	1522 SE 33rd Terr.	
CITY-ST-ZIP	Ocala, FL. 34471	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LANDT, FRED	
STREET ADDRESS	2019 SE 13th St.	
CITY-ST-ZIP	Ocala, FL. 34471	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAMBERT, BRIAN	
STREET ADDRESS	8456 SE 7th RD	
CITY-ST-ZIP	Ocala, FL. 34471	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PORTER, JULIE	
STREET ADDRESS	3135 SE 50th Place	
CITY-ST-ZIP	Ocala, FL. 34480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOL, COREY	
STREET ADDRESS	3821 SW 5th Ave.	
CITY-ST-ZIP	Ocala, Fl. 34474	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELS, HARRY	
STREET ADDRESS	3306 NE 30th Ct.	
CITY-ST-ZIP	Ocala, Fl. 34479	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AIKEN, JEFF	
STREET ADDRESS	2101 SW 46th Ave.	
CITY-ST-ZIP	Ocala, Fl. 34474	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COFFEY, CINDY	
STREET ADDRESS	6089 SE 118th Pl.	
CITY-ST-ZIP	Belleview, Fl. 34420	

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

Daytime Phone #

CR2037 (11/00)