

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N99000004004****1. Entity Name**  
SWIM FLORIDA MASTERS SWIM TEAM, INC.**Principal Place of Business**  
13822 FERN TRAIL DRIVE  
NORTH FORT MYERS FL 33903  
**Mailing Address**  
13822 FERN TRAIL DRIVE  
NORTH FORT MYERS FL 33903**2. Principal Place of Business**  
4790 SOUTH CLEVELAND AVENUE  
**3. Mailing Address**  
4790 SOUTH CLEVELAND AVENUE**Suite, Apt. #, etc.**  
R-1806  
**Suite, Apt. #, etc.**  
R-1806**City & State**  
FORT MYERS FL  
**City & State**  
FORT MYERS FL**Zip**  
33907  
**Country**  
**Zip**  
33907  
**Country****4. FEI Number**  
**65-0932459**  
**Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**IRVING ROBERT B  
13822 FERN TRAIL DRIVE  
NORTH FORT MYERS FL 33903**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 ROBERT B IRVING****04/30/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	SD	<input type="checkbox"/> Delete
NAME	SEAL ADRIENNE	
STREET ADDRESS	4790 SOUTH CLEVELAND AVENUE, R-1806	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILLIGAN CHRIS	
STREET ADDRESS	3008 BAYSHORE ROAD	
CITY-ST-ZIP	SARASOTA FL 32234	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHINSON DEAN	
STREET ADDRESS	4120 S.W. 6TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PALMERE JAMES	
STREET ADDRESS	16615 CORIANDER LANE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GEER DREN	
STREET ADDRESS	309 PINE RUN DRIVE	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	PD	<input type="checkbox"/> Delete
NAME	IRVING ROBERT B	
STREET ADDRESS	13822 FERN TRAIL DRIVE	
CITY-ST-ZIP	NORTH FORT MYERS FL 33903	

**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 checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BREWER RICHARD	
STREET ADDRESS	2871 4TH STREET NE	
CITY-ST-ZIP	NAPLES FL 34120	
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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DODD MARTHA	
STREET ADDRESS	17140 ORANGE ROAD	
CITY-ST-ZIP	FORT MYERS FL 33912	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DEAN MITCHINSON****D****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)