2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005449

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FILED Jul 05, 2000 8:00 am **Secretary of State**

05-15-2000 90223 020 ****61.25

Applied For

\$8.75 Additional

Zip Code

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DATE

Fee Required

Not Applicable



MERRITT ISLAND SWIM CLUB, INC. Mailing Address Principal Place of Business 585 SUNSET LANE 585 SUNSET LANE MERRITT ISLAND FL 32952-5302 MERRITT ISLAND FL 32952 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #, etc. 4. FEI Number City & State City & State Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BAER, WILLIAM L' 4105 OLD SETTLEMENT ROAD MERRITT ISLAND FL 32952 City 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. Signeture, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution: FEE IS \$61.25 OFFICERS AND DIRECTORS 11. 10. TITI E Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

Make Check Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 BAER, WILLIAM L. Change ☐ Addition 4105 OLD SETTLEMENT RD MERKITT ISLAND, FC 32952 ☐ Change ☐ Delete LOVE, WILSON H. NAME NAME 585 SUNSET LANE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32452 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - 🔲 Delete TITLE TITLE LOVE, ALANA Q. NAME 585-SUNSET LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP DIRECTOR ☐ Addition ☐ Delete TITLE TELLE VICKI HAWKS NAME 145 UTOPIA CIRCLE STREET ADORESS STREET ADDRESS 32952 MARRITT ISLAND CITY-ST-ZIP CITY-ST-ZIP Change DIRECTOR Delate TITLE TITLE DEBORAH LOMBARD NAME NAME 1830 NEW FOUND HARBOR STREET ADDRESS STREET ADDRESS 32952 CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND. ☐ Addition TITLE TITLE ☐ Delete DIRECTOR KIMBERLY DANIEL NAME STREET ADDRESS 120 DUNE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CUCUA 32927

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR