

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90081 044 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P930000002409			
1. Entity Name SWIMAMERICA, INC.			
Principal Place of Business 2101 N ANDREWS AVE SUITE 107 FT. LAUDERDALE FL 33311 US		Mailing Address 2101 N ANDREWS AVE SUITE 107 FT. LAUDERDALE FL 33311-3934 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent LEONARD, JOHN 2101 N ANDREWS AVE STE 107 FT LAUD FL 33311		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME <input type="checkbox"/> Delete		
NAME	D LEONARD, JOHN		
STREET ADDRESS	2101 N ANDREWS AVE, STE 107		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	D MONTRELLA, JIM		
STREET ADDRESS	1498 PEMBERTON DR		
CITY-ST-ZIP	COLUMBUS OH 43221		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	D DALAND, PETER		
STREET ADDRESS	4235 LAUREL GLEN		
CITY-ST-ZIP	MOORE PARK CA 93021		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	D BLAIR, PAUL		
STREET ADDRESS	1 HUNTINGTON DR		
CITY-ST-ZIP	LITTLE ROCK AR 72207		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	D HANSEL, PHILL		
STREET ADDRESS	2426 RICHTON ST		
CITY-ST-ZIP	HOUSTON TX 77098		
TITLE	NAME <input type="checkbox"/> Delete		
NAME	D MCKEE, KATHY		
STREET ADDRESS	4025 WOODRIDGE WAY		
CITY-ST-ZIP	TUCKER GA 30084		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 3/15/00 800-356-2722			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/99)