

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 042 ***150.00

DOCUMENT # P97000042408

1. Entity Name

SWIM 'N PLACE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 N. Tampa Street

3. Mailing Address

PO Box 1333

Suite, Apt. #, etc.

Ste 2300

Suite, Apt. #, etc.

City & State

Tampa, FL 33602

City & State

Santa Rosa Beach, FL

4. FEI Number

59-3446876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James W. Goodwin

Street Address (P.O. Box Number is Not Acceptable)

400 N. Tampa Street, Ste. 2300

City

Tampa

FL

Zip Code

33602

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Bruce J. Croushore
PO Box 1033
Santa Rosa Beach, FL 32459

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Lori Dec
PO Box 1531
Tampa, FL 33601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Asst. Secretary
James W. Goodwin
400 N. Tampa St., Ste. 2300
Tampa, FL 33602

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/1/02

813 273 4332

Attachment

MACFARLANE FERGUSON & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

500 SOUTH FLORIDA AVENUE
SUITE 240
LAKELAND, FLORIDA 33801
(863) 680-9908 FAX (863) 683-2849

400 NORTH TAMPA STREET, SUITE 2300
P.O. BOX 1531 (ZIP 33601)
TAMPA, FLORIDA 33602
(813) 273-4200 FAX (813) 273-4396

625 COURT STREET
P.O. BOX 1869 (ZIP 33757)
CLEARWATER, FLORIDA 33756
(727) 441-8966 FAX (727) 442-8470

IN REPLY REFER TO:

Tampa

May 1, 2002

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Corporations
Registration Section
P.O. Box 1500
Tallahassee, FL 32302

Re: 2002 Uniform Business Report

Dear Sir/Madam:

Enclosed for filing please find the completed and signed UBR and a check for \$150.00 for Document #P97000042408, SWIM 'N PLACE, INC.

If you need anything further or have any questions please call me at (813)273-4200 ext. 4255.

Sincerely,



Melissa A. Rose
Legal Assistant to JAMES W. GOODWIN

/rbm
Enclosures