

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90350 008 ***150.00

DOCUMENT # P99000021595

1. Entity Name
SWIMLAND OF FT. MEYERS, INC.

Principal Place of Business
**3149 W HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009**

Mailing Address
**3149 W HALLANDALE BEACH BLVD.
 HALLANDALE FL 33009**

2. Principal Place of Business
4125 Cleveland Ave

3. Mailing Address

Suite, Apt. #, etc.
39

Suite, Apt. #, etc.

City & State
Ft. Myers, FL

City & State

Zip
33901 Country
USA

Zip Country

4. FEI Number **65-0931002**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERKOWITZ, SHELLEY L ESQ
 1860 NE 199TH STREET
 N MIAMI BEACH FL 33179**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **DVST** ☐ Delete
 NAME **LABATON, SANDY**
 STREET ADDRESS **20001 W OAK HAVEN CIRCLE**
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE **DP** ☐ Delete
 NAME **BERKOWITZ, SHELLEY L**
 STREET ADDRESS **1860 NE 199 ST.**
 CITY-ST-ZIP **N MIAMI BEACH FL 33179**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/02 954-966-5055

CR2E034 (9/01)