

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28908

1. Entity Name

J. C. T. AQUATIC CENTER, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90003 046 ***158.75

Principal Place of Business

600 EATON ROAD
EDGEWATER FL 32132

Mailing Address

600 EATON ROAD
EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3130061

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCE, HAL
221 N CAUSEWAY
NEW SMYRNA BEACH FL 32169

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME STEARNS, JOHN ☐ Delete
STREET ADDRESS 2518 INDIA PALM APT B
CITY-ST-ZIP EDGE WATER FL 32141

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 600 Eaton Rd
CITY-ST-ZIP Edgewater FL 32132

TITLE VPD
NAME TROIAN, TIMOTHY JAMES ☐ Delete
STREET ADDRESS 313 DUE EAST ST.
CITY-ST-ZIP NEW SMYRNA BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Same as Above
CITY-ST-ZIP

TITLE SST
NAME HIRS, GINNI ☐ Delete
STREET ADDRESS 3412 INDIA PALM DR
CITY-ST-ZIP EDGEWATER FL 32141

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Same as Above
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

4-02-01 904-428-5074

Date

Daytime Phone #

CR2E034 (10/00)