

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90122 012 \*\*\*150.00

**DOCUMENT # 402277**

1. Entity Name

**C.F. POOL SUPPLIES, INC**

Principal Place of Business

Mailing Address

**468 RIDGEWOOD AVE  
HOLLY HILL FL 32117  
US**

**468 RIDGEWOOD AVE  
HOLLY HILL FL 32117-4422  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1402343**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNAGAN, WALTER B-  
1141 SP. RIDGEWOOD AVE.  
DAYTONA BEACH FL 32114**

Name

**WALTER FOSTER III P.A.**

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

**315 SOUTH PALMETTO AVE**

City

**DAYTONA**

FL

Zip Code  
**32114**

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, 2000 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** ☒ Delete  
NAME **EDEN, JEANNE A**  
STREET ADDRESS **13 FERNERY TRAIL**  
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **PD** ☐ Delete  
NAME **EDEN, CALVIN D**  
STREET ADDRESS **311 RIVERSIDE DR**  
CITY-ST-ZIP **HOLLY HILL FL 32117**

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

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

TITLE ☐ Change ☐ Addition  
NAME **President Director**  
STREET ADDRESS **Calvin D. Eden**  
CITY-ST-ZIP **466 Ridgewood Ave.**  
**Holly Hill FL 32117**

TITLE ☐ Change ☐ Addition  
NAME **Vice-President**  
STREET ADDRESS **Jacalyn Johnson**  
CITY-ST-ZIP **1049 Live Oak Ave.**  
**Daytona Beach FL 32114**

TITLE ☐ Change ☐ Addition  
NAME **Secy. / Treasurer**  
STREET ADDRESS **James Calvin Eden**  
CITY-ST-ZIP **7 Wilderness Run**  
**Flagler Beach FL 32136**

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

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 #

**1/4/00**

**904-255-0917**

CR2E034 (9/99)