

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-24-2000 90054 024 ***150.00

DOCUMENT # 514989

1. Entity Name

DADELAND POOL CORP.

Principal Place of Business

Mailing Address

**8680 SW 137TH CT
MIAMI FL 33183**

**8680 SW 137TH CT
MIAMI FL 33183-4443**

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

59-1664952

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

Name

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

City

FL

Zip Code

**MCKINNEY, DOROTHY
8545 SW 110 ST.
MIAMI FL 33156**

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

T	<input type="checkbox"/> Delete
RUSSELL MCKINNEY	
8545 SW 110 ST.	
MIAMI FL	
V	<input type="checkbox"/> Delete
MILLMAN, MARK	
8545 SW 110 ST.	
MIAMI FL	
P	<input type="checkbox"/> Delete
MCKINNEY, DOROTHY	
8545 SW 110 ST	
MIAMI FL	
S	<input type="checkbox"/> Delete
MILES, JACQUELIN FAYE	
12231 SW 119 PL	
MIAMI FL	
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

01/18/00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Millman - VicePresident

Date

Daytime Phone #

305-385-5181

CR2E034 (9/99)