2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568385

1. Entity Name

CHAMPAGNE POOLS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
3660 HOWELL BRANCH COURT WINTER PARK FL 32792	3660 HOWELL BRANCH COURT WINTER PARK FL 32792

913830

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5497 Benchmark Lane
Suite, Apt. #, etc. Suite 101
City & State Sanford, FL
Zip 32773 Country USA

3. Mailing Address
5497 Benchmark Lane
Suite, Apt. #, etc. Suite 101
City & State Sanford, FL
Zip 32773 Country USA

4. FEI Number 59-1811482 — 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
MANLEY, MICHAEL D 3660 HOWELL BRANCH COURT ORLANDO, FL WINTER PARK FL 32792	Name Manley, Michael D. Street Address (P.O. Box Number is Not Acceptable) 5497 Benchmark Lane #101 City Sanford FL Zip Code 32773

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 X _____

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 STD NAME TRUMBO, HILDA B STREET ADDRESS 10447 CEDARHURST AVE CITY-ST-ZIP ORLANDO FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MANLEY, PETER STREET ADDRESS 503 OWL CIRCLE CITY-ST-ZIP ORLANDO FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME MANLEY, MICHAEL D. STREET ADDRESS 698 SAMUELSON COURT CITY-ST-ZIP WINTER SPGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)