

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90055 032 ***150.00

DOCUMENT # 583260

1. Entity Name

INLAND POOLS, INC.

Principal Place of Business

Mailing Address

7816 W SAMPLE ROAD
 CORAL SPRINGS FL 33065

7816 W SAMPLE ROAD
 CORAL SPRINGS FL 33065-4710

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

59-1841871

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

GELLERT, ARNOLD D
7816 W SAMPLE ROAD
CORAL SPRINGS FL 33065

Name **Michael B. Licata**

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

7816 WEST SAMPLE Road

City **Coral Springs**

FL

Zip Code **33065**

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]
 Signature, typed or printed name of registered agent and title if applicable

[Signature]
 (NOTE: Registered Agent Signature required when reinstating)

5-1-00

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	S	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, ELIZABETH	
STREET ADDRESS	8873 NW 2ND ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, DAVID C	
STREET ADDRESS	8873 NW 2ND ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GELLERT, KENNTH L	
STREET ADDRESS	454 LOCK RD. APT 145	
CITY-ST-ZIP	DEERFIELD FL 33442	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GELLERT, ARNOLD D	
STREET ADDRESS	8557 NW 1ST. ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MICHAEL B. LICATA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	1017 Creekford Dr	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)