

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 686510

1. Entity Name

POOLS BY JACK, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90127 008 ***150.00

Principal Place of Business

1209 E ALFRED ST
TAVARES FL 32778
US

Mailing Address

1209 E ALFRED ST
TAVARES FL 32778
US

2. Principal Place of Business

1215 E Alfred
Suite, Apt. #, etc.

3. Mailing Address

1215 E Alfred
Suite, Apt. #, etc.

City & State

TAVARES, FL

City & State

TAVARES, FL

Zip

32778

Country

LAKE

Zip

32778

Country

LAKE

4. FEI Number

59-2020230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROUCH, RANDY L
1209 E. ALFRED ST.
EUSTIS FL 32778

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CROUCH, RANDY L	
STREET ADDRESS	11104 WOODSIDE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK RICHENBURG	
STREET ADDRESS	178 Tara	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faye Richenburg	
STREET ADDRESS	178 Tara	
CITY-ST-ZIP	TAVARES, FL 32778	
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		
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:

Randy L. Crouch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 (352) 343-1800
Date Daytime Phone #

0053932

CR2E034 (10/00)