

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718950

1. Entity Name

FLORIDA POOL AND SPA ASSOCIATION, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90021 010 ***61.25

Principal Place of Business

Mailing Address

558 S. OSPERY AVE.
SARASOTA FL 34236
US

558 S. OSPERY AVE.
SARASOTA FL 34236-7525
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1679812

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BEDNERIK, JON C
558 S. OSPREY AVE
SARASOTA FL 34236

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MANNING, JIM	
STREET ADDRESS	3450 PALENCIA #711	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BLUDSWORTH, STEVE	
STREET ADDRESS	4401 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, O.W. "BUD"	
STREET ADDRESS	403 S. 3RD ST	
CITY-ST-ZIP	LANTANA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VANTILBURG, GARY	
STREET ADDRESS	2302 LASSO LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSWELL, EATON	
STREET ADDRESS	308 S PONCE DE LEON BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HIEDY, HANSEL	
STREET ADDRESS	7169 49TH TERRACE N	
CITY-ST-ZIP	W PALM BEACH FL 33407	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Oxley	
STREET ADDRESS	12344 75th St N	
CITY-ST-ZIP	Largo, FL 33773	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Harsanyi	
STREET ADDRESS	9725 Devonwood Ct	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

2/9/00 941-952-9293
Date Daytime Phone #

CR2E037 (9/99)