

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003590

1. Entity Name

ANTHONY AND SYLVAN POOLS CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90431 022 ***150.00

Principal Place of Business

Mailing Address

220 PARK DRIVE
CHARDON OH 44024

220 PARK DRIVE
CHARDON OH 44024-1091

00044401

2. Principal Place of Business

3. Mailing Address

Mt. Vernon Square, Ste. 300 Mt. Vernon Square, Ste. 300

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6690 Beta Drive

6690 Beta Drive

City & State

City & State

Mayfield Village, OH

Mayfield Village, OH

4. FEI Number

31-1522456

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 PD ☐ Delete
NAME WALDIN, THOMAS B
STREET ADDRESS 220 PARK DRIVE
CITY-ST-ZIP CHARDON OH

TITLE D ☒ Change ☐ Addition
NAME Waldin, Thomas B.
STREET ADDRESS 6690 Beta Drive, Suite 300
CITY-ST-ZIP Mayfield Village, OH 44143

TITLE STD ☐ Delete
NAME NEIDUS, STUART D
STREET ADDRESS 220 PARK DRIVE
CITY-ST-ZIP CHARDON OH

TITLE C/D ☒ Change ☐ Addition
NAME Neidus, Stuart D.
STREET ADDRESS 6690 Beta Drive, Suite 300
CITY-ST-ZIP Mayfield Village, OH 44143

TITLE ASD ☐ Delete
NAME JORGENSEN, MARY ANN
STREET ADDRESS 4900 KEY TOWER 127 PUBLIC SQ
CITY-ST-ZIP CLEVELAND OH 44114-1304

TITLE D ☒ Change ☐ Addition
NAME Jorgenson, Mary Ann
STREET ADDRESS 6690 Beta Drive
CITY-ST-ZIP Mayfield Village, OH 44143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V/S ☐ Change ☒ Addition
NAME Degnan, Martin J.
STREET ADDRESS 6690 Beta Drive, Suite 300
CITY-ST-ZIP Mayfield Village, OH 44143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Kelso, Richard M.
STREET ADDRESS Rt. 611, 3739 Easton Road
CITY-ST-ZIP Doylestown, PA 18901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition
NAME Andrews, Edward
STREET ADDRESS 8300 Resource Drive
CITY-ST-ZIP Riviera Beach, FL 33404

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:

Martin J. Degnan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin J. Degnan 4/26/00 440-720-3301

Date

Daytime Phone #

CR2E034 (9/99)