

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90367 013 ***550.00

DOCUMENT # M68850

1. Entity Name

VILLAGE POOLS OF CENTRAL FLORIDA INC.

Principal Place of Business

Mailing Address

**1000 SAVAGE COURT
 SUITE 204
 LONGWOOD FL 32750
 US**

~~766 TERRA PLACE
 MAITLAND FL 32751~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

539 VIA FONTANA DR

#103

ALTAMONTE SPRINGS

32714

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2866631**

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

Name

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

539 VIA FONTANA DR #103

City

ALTAMONTE SPRINGS

FL

Zip Code

32714

**PIVONKA, ALBERT D.
~~766 TERRA PLACE
 MAITLAND FL 32751~~**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete
 NAME **PIVONKA, ELEANOR R.**
 STREET ADDRESS **~~766 TERRA PLACE~~**
 CITY-ST-ZIP **~~MAITLAND FL~~**

☐ Change ☐ Addition
 NAME **539 VIA FONTANA DR #103**
 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714**
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **PIVONKA, ALBERT D.**
 STREET ADDRESS **766 TERRA PLACE**
 CITY-ST-ZIP **MAITLAND FL**

☐ Change ☐ Addition
 NAME **539 VIA FONTANA DR #103**
 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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☐ Change ☐ 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: *Albert D. Pivonka*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/01

Date

407/930-1008

Daytime Phone #

CR2E034 (10/00)