

2000 UNIFORM BUSINESS REPORT (UBR)

1/27

FILED

Apr 26, 2000 8:00 am
Secretary of State

01-27-2000 90027 049 ****61.25

DOCUMENT # N09544

1. Entity Name

GOLD COAST POOL LEAGUE, INC.

Principal Place of Business

Mailing Address

C/O DARLENE KISTLER
5109 NE 5TH AVENUE
FT. LAUDERDALE FL 33334
USC/O DARLENE KISTLER
5109 NE 5TH AVENUE
FT. LAUDERDALE FL 33334-2426
US

2. Principal Place of Business

3. Mailing Address

Faye Metz

Faye Metz

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 938432

PO Box 938432

City & State

City & State

Margate, FLORIDA

Margate, FL

Zip

Country

Zip

Country

33093-8432

USA

33093-8432

USA

4. FEI Number

59-2623573

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

KISTLER, DARLENE
C/O DARLENE KISTLER
5109 NE 5TH AVENUE
FT. LAUDERDALE FL 33334

Name

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

6760 Winfield Blvd.

Margate

City

FL

Zip Code

33063-7112

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

Faye Metz

Faye Metz

2-28-00

Signature, typed or printed name of registered agent and user is acceptable.

(NOTE: registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete
NAME	KISTLER, DARLENE	
STREET ADDRESS	5109 NE 5TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

TITLE	TD	☐ Delete
NAME	BURBANK, CAROL	
STREET ADDRESS	100 SW 6TH ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	VPD	☒ Delete
NAME	BROWN, ELIZABETH	
STREET ADDRESS	4350 W. SUNRISE BLVD, SUITE 122	
CITY-ST-ZIP	PLANTATION FL 33313	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	☐ Change ☒ Addition
NAME	FAYE METZ	
STREET ADDRESS	PO BOX 938432	
CITY-ST-ZIP	MARGATE, FL 33093-8432	

TITLE	Sec	☐ Change ☒ Addition
NAME	SANDRA DALL	
STREET ADDRESS	11820 WATERGATE CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33428	

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

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

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

TITLE		☐ Change ☐ 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: Faye Metz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2037 (9/99)