

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004310

1. Entity Name

SARASOTA INDEPENDENT POOL LEAGUE INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90047 036 ****61.25

Principal Place of Business

Mailing Address

5755 GRANADA DRIVE, #100
 ATTN: ED ESTELLE
 SARASOTA FL 34231

5755 GRANADA DRIVE, #100
 ATTN: ED ESTELLE
 SARASOTA FL 34231-8340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

627 S. OSPREY AVE.

627 S. OSPREY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#16

#16

City & State

City & State

SARASOTA FL

SARASOTA FL

Zip

Country

Zip

Country

34236

34236

4. FEI Number

65-0740719

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

ESTELLE, ED
 5755 GRANADA DRIVE, #100
 SARASOTA FL 34231

Name

ESTELLE, ED

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

627 S. OSPREY AVE

#16

City

SARASOTA

FL

Zip Code

34236

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

Ed Estelle Pres

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 20, 00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME ESTELLE, ED
 STREET ADDRESS 5755 GRANADA DR #100
 CITY-ST-ZIP SARASOTA FL 34231

TITLE ☒ Change ☐ Addition
 NAME ~~3424~~ 627 S. OSPREY AVE #16
 STREET ADDRESS SARASOTA FL 34236
 CITY-ST-ZIP

TITLE VD ☐ Delete
 NAME HECKMAN, PAUL
 STREET ADDRESS 324 LIME DR
 CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE SD ☐ Delete
 NAME SHADDIX, JAMES
 STREET ADDRESS 300 MYRTLE AVE
 CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE TD ☐ Delete
 NAME BAKER, JON
 STREET ADDRESS 1834 MAIN ST
 CITY-ST-ZIP SARASOTA FL 34236

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

TITLE COBD ☐ Delete
 NAME ESTELLE, ED
 STREET ADDRESS 5755 GRANADA DRIVE, #100
 CITY-ST-ZIP SARASOTA FL 34231

TITLE ☒ Change ☐ Addition
 NAME 627 S. OSPREY AVE, #16
 STREET ADDRESS SARASOTA FL 34236
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME KORDELL, JANET
 STREET ADDRESS 4620 SLOAN AVE
 CITY-ST-ZIP SARASOTA FL 34233

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:

Ed Estelle Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 20, 00 941-366-6274

CR2E037 (9/99)