

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90180 010 ****61.25

DOCUMENT # N96000004310

1. Entity Name

SARASOTA INDEPENDENT POOL LEAGUE INC.

Principal Place of Business

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

Mailing Address

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

C0012491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

627 So. Osprey Ave
 Suite, Apt. #, etc. 16

3. Mailing Address

627 So Osprey Ave
 Suite, Apt. #, etc. 16

City & State
 SARASOTA FLA

City & State
 SARASOTA FLA

4. FEI Number
 65-0740719

☒ Applied For
☐ Not Applicable

Zip
 34236

Country
 SARASOTA

Zip
 34236

Country
 SARASOTA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Estelle, Ed
 Street Address (P.O. Box Number is Not Acceptable)
 627 SO 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
 Signature, typed or printed name of registered agent and title if applicable.

Ed Estelle

(NOTE: Registered Agent signature required when reinstating)

Jan 20, 01
 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	PD	<input type="checkbox"/> Delete
NAME	ESTELLE, ED	
STREET ADDRESS	5755 GRANADA DR #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HECKMAN, PAUL	
STREET ADDRESS	324 LIME DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHADDIX, JAMES	
STREET ADDRESS	300 MYRTLE AVE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAKER, JON	
STREET ADDRESS	1834 MAIN ST	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	COBD	<input type="checkbox"/> Delete
NAME	ESTELLE, ED	
STREET ADDRESS	5755 GRANADA DRIVE, #100	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	KORDELL, JANET	
STREET ADDRESS	4620 SLOAN AVE	
CITY-ST-ZIP	SARASOTA FL 34233	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTELLE, ED	
STREET ADDRESS	627 S. OSPREY AVE #16	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input 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		
TITLE		<input 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: Ed Estelle **SIGNATURE REQUIRED Pres S.I.P.L.** Jan 20, 01 941-366-6274
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)