

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90017 013 ***150.00

DOCUMENT # P01000035957

1. Entity Name
AMERICAN POOL LEAGUE OF CENTRAL FLORIDA, INC.

Principal Place of Business

**340 D CANDLER AVE
 ORLANDO FL 32835**

Mailing Address

**340 D CANDLER AVE
 ORLANDO FL 32835**

2. Principal Place of Business

340 S

3. Mailing Address

340 S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3714106

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

**HATFIELD, GARY
 340 D CANDLER AVE
 ORLANDO FL 32835**

S

Name

same

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

340 S Candler Ave

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **LINDSEY, LINDA**
CITY-ST-ZIP **340 D CANDLER AVE**
ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **340 S Candler Ave**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BURKE, BARBARA**
CITY-ST-ZIP **340 D CANDLER AVE**
ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **340 S Candler Ave**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **HATFIELD, GARY**
CITY-ST-ZIP **340 D CANDLER AVE**
ORLANDO FL 32835

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **340 S Candler Ave**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02

407-293-4717

CR2E034 (9/01)