

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092260

1. Entity Name

BRITWATER SWIMMING POOL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4463 E ASHTON RD
SARASOTA FL 34233

4463 E ASHTON RD
SARASOTA FL 34233-2271

2. Principal Place of Business

4463 Ashton Road

3. Mailing Address

4463 Ashton Road

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34233

Country

Zip

34233

Country

4. FEI Number

65-0633488

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

FREEMAN, WILLIAM M
4930 SABAL LK CIR
SARASOTA FL 34238

Name

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

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, 2000 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 D ☐ Delete
NAME TARRICONE, RICHARD N
STREET ADDRESS 6707 PIMLICO STREET
CITY-ST-ZIP NORTH PORT FL 34287

TITLE ☒ Change ☐ Addition
NAME 3262 Delor Avenue
STREET ADDRESS Northport, FL 34286
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FREEMAN, WILLIAM M
STREET ADDRESS 4930 SABAL LK CIR
CITY-ST-ZIP SARASOTA FL 34238

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

941-923-3539

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90389 031 ***150.00



DO NOT WRITE IN THIS SPACE