

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000092260**

1. Entity Name

BRITWATER SWIMMING POOL MANAGEMENT, INC.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90021 026 ***150.00

Principal Place of Business

4463 E ASHTON RD
SARASOTA FL 34233

Mailing Address

4463 E ASHTON RD
SARASOTA FL 34233**00007175**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4463 Ashton Rd.

3. Mailing Address

4463 Ashton Rd.

Suite, Apt. #, etc.

Suite E

Suite, Apt. #, etc.

Suite E

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-0633488

Applied For

Not Applicable

Zip

34233

Country

Zip

34233

Country

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

6. Name and Address of Current Registered Agent

FREEMAN, WILLIAM M
4930 SABAL LK CIR
SARASOTA FL 34238

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TARRICONE, RICHARD N**
STREET ADDRESS **6707 PIMLICO STREET**
CITY-ST-ZIP **NORTH PORT FL 34287**TITLE **D** ☐ Delete
NAME **FREEMAN, WILLIAM M**
STREET ADDRESS **4930 SABAL LK CIR**
CITY-ST-ZIP **SARASOTA FL 34238**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3262 Delor Ave.**
CITY-ST-ZIP **Northport FL 34286**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

1/10/01 941-925-3096

Date

Daytime Phone #

CR2E034 (10/00)

0410262