

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047056

1. Entity Name  
**IMPERIAL POOLS, INC.**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90255 040 \*\*\*150.00

Principal Place of Business  
**2590 17TH STREET  
SUITE D  
SARASOTA FL 34234  
US**

Mailing Address  
**2590 17TH STREET  
SUITE D  
SARASOTA FL 34234-1905  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **65-0756814**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RISSLER, ISAAC Z  
525 TARPON AVE  
SARASOTA FL 34237**

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, 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	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RISSLER, ISAAC Z</b>		NAME		
STREET ADDRESS	<b>525 TARPON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RISSLER, DONNA J</b>		NAME		
STREET ADDRESS	<b>525 TARPON AVE.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>THAMES, RICHARD</b>		NAME		
STREET ADDRESS	<b>525 TARPON AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34237</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RYAN, KELLY D</b>		NAME		
STREET ADDRESS	<b>3315 GOCIO ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Donna J. Rissler Donna J. Rissler

4-12-00 941-953-7959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #