

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065964

1. Entity Name

GREG WORCH POOLS, INC.

Principal Place of Business

4334 PALO VERDE DRIVE  
BOYNTON BEACH FL 33436

Mailing Address

4334 PALO VERDE DRIVE  
BOYNTON BEACH FL 33436

2. Principal Place of Business

11211 S. MILITARY TR.

Suite, Apt. #, etc.

APT 5013

City & State

BOYNTON BEACH FL

Zip

33436

Country U.S.A.

PAUM BEACH

3. Mailing Address

11062 S. MILITARY TR.

Suite, Apt. #, etc.

P.M.B. 407

City & State

BOYNTON BEACH FL

Zip

33436

Country U.S.A.

PAUM BEACH



REINSTATEMENT

4. FEI Number 65-0771029

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WORCH, GREGORY  
4334 PALO VERDE DRIVE  
BOYNTON BEACH FL 33436

Name

WORCH, GREGORY

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

11211 S. MILITARY APT. 5013

City

BOYNTON BEACH

FL

Zip Code

33436

7. Name and Address of New Registered Agent

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

10/19/00

9. This corporation is able to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	WORCH, GREGORY	
STREET ADDRESS	4334 PALO VERDE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003447808-3	
STREET ADDRESS	-11/01/00--01112--017	
CITY-ST-ZIP	****750.00 ****750.00	
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		

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

9/30/00

Date

561-719

4482

Daytime Phone #

1093107

CR2E034 (5/00)