

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035709

1. Entity Name

GOLD COAST SWIMMING POOL COMPANY

R

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90002 044 ***150.00

Principal Place of Business

195 WINSON AVE
ENGLEWOOD FL 34223

Mailing Address

195 WINSON AVE
ENGLEWOOD FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0921019

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAGENSEIL, CHARLES L
195 WINSON AVE
ENGLEWOOD FL 34223

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAGENSEIL, CHARLES L
195 WINSON AVE
ENGLEWOOD FL 34223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WAGENSEIL, LYNN A
195 WINSON AVE
ENGLEWOOD FL 34223 ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

0014-0000

175 Winslow Ave
Englewood Fl 34223

00071806

7/10

To Whom it May Concern

Per our telephone conversation on 7/10 I had stated that I received our 2000 Uniform Business report "Second Notice" without ever seeing our 1st.

We are a new business and by no means did I intently not file. Our address has not been changed so I'm not saying it wasn't mailed to the right address, just I have no recollection of it, therefore as directed in our conversation I am enclosing a check for \$150.00 and ~~hope~~ ^{hope} that it will be fine.

Thankyou + Sorry for the inconvenience

[Signature]