

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086532

1. Entity Name

CAVALIER POOLS AND SPAS, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90009 040 \*\*\*150.00

Principal Place of Business

Mailing Address

ROUTE 1, BOX 352  
BRYCEVILLE FL 32009

ROUTE 1, BOX 352  
BRYCEVILLE FL 32009

2. Principal Place of Business

3. Mailing Address

RT 1 BOX 352

RT 1 BOX 352

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRYCEVILLE, FL.

City & State

BRYCEVILLE, FL.

Zip

32009

Country

Zip

32009

Country

4. FEI Number

59-3613319

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

FRIEDLINE, RODGER J  
1756 UNIVERSITY BLVD S  
JACKSONVILLE FL 32216

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 ☐ Delete  
NAME D  
STREET ADDRESS NEWMAN, JAMES C  
CITY-ST-ZIP ROUTE 1, BOX 352  
BRYCEVILLE FL 32009

TITLE ☒ Change ☐ Addition  
NAME PRESIDENT  
STREET ADDRESS JAMES C. NEWMAN  
CITY-ST-ZIP RT 1 BOX 352  
BRYCEVILLE, FL 32009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME SECRETARY  
STREET ADDRESS LORI A NEWMAN  
CITY-ST-ZIP RT 1 BOX 352  
BRYCEVILLE FL 32009

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00 904 266 7665

Date

Daytime Phone #

CR2E034 (9/99)