

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S28205

1. Entity Name

DAN THE POOLMAN, INC.

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90034 024 \*\*\*150.00

Principal Place of Business

Mailing Address

6260 N HARBOR CITY BLVD  
MELBOURNE FL 32940  
US

6260 N HARBOR CITY BLVD  
MELBOURNE FL 32940-7437  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3081707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANDERBERG, DANIEL P.  
6260 N HARBOR CITY BLVD  
MELBOURNE FL 32940

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 PS  
NAME VANDERBERG, DANIEL P.  
STREET ADDRESS 6260 N HARBOR CITY BLVD  
CITY-ST-ZIP MELBOURNE FL 32940 ☐ Delete

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

TITLE V  
NAME WELLS, JEFF A  
STREET ADDRESS PO BOX 100212  
CITY-ST-ZIP PALM BAY FL 32910-0212 ☒ Delete

TITLE V  
NAME WELLS, JEFF A  
STREET ADDRESS 2280 North Wickham Road  
CITY-ST-ZIP #1012 Melbourne, FL 32935 ☒ Change ☐ Addition

TITLE T  
NAME FAY, CHERIE L  
STREET ADDRESS 1900 GLEN MEADOWS CR  
CITY-ST-ZIP MELBOURNE FL 32935 ☒ Delete

TITLE T  
NAME WELLS, JEFF A  
STREET ADDRESS 2280 North Wickham Road  
CITY-ST-ZIP #1012 Melbourne, FL 32935 ☒ Change ☐ Addition

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

Date

Daytime Phone #

2/24/00 407-254-7740

CR2E034 (9/99)